Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction at Bottom of P

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TR	ANSI	PORT O	LAND NA	ATURAL C	BAS W	II API No.			
TOM SCHNEIDER DBA TOPAT OIL CORPORATION									0-015-04700		
Address 505 N. BIG SPRING, ST	E. 204,	MIDLA	ND ,	TEXAS	79701						
Reason(s) for Filing (Check proper box)		<u> </u>		······	O	her (Please ex	plain)				
New Well		Change is	•								
Recompletion Unange in Operator	Oil Casingliei	- L	Dry (ensate							
If change of operator give name			<u> </u>		· B - 11	100/	000157	SAD, NM E	2877	1-16-58	
and address of previous operator	RBER	•	<u> Lyc</u>	. / 1. (), Box (6781	CHECS	2412, 1011C	<u> </u>	10-0	
II. DESCRIPTION OF WELL Lease Name	ing Formation		1	id of Lease Le, Pederal of Pee	Lease No.						
STOUALL-WOOD I	-EE	1	DA	HKBEK	- YATE	=s/7 Ru					
Unit Letter; 660 Feet From The NORTH Line and 1980 Feet Prom The WEST Line											
Section 20 Township 20 South Range 30 EAST, NMPM, EDDY County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids, give location of tente.	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	Wh	en 7	7		
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ling order num	iber:	TB-	3 8%			
IV. COMPLETION DATA Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Despen	Plug Beck Sen	ne Ros'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth	<u></u>		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Perforations									Depth Casing Shoc		
TUBING, CASING AND									ALAMA PRIMITE		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
							7-	7-29-94			
								ch	the 19		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOW	ABLE) ! = !! = = .	he sound to me	e area ad ton Al	louable (or s	his denth or be for fu	il 24 hour	·s.)	
OIL WELL (Test must be after re Date First New Oil Russ To Tank	Date of Te		oj Iona	ON ON A MILL	Producing M	lethod (Flow, 1	nomp, gas lift	, e.c.)			
Date 1 life 1.44 of 1.44 10 1994	Date of 102								Choke Size		
Length of Test	Tubing Pressure				Casing Press	nit					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCF	Gas- MCF		
GAS WELL	J					- 					
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Conde	Gravity of Condensate		
Tosting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Preasure (Shut-in)			Choke Size	Choke Size		
VL OPERATOR CERTIFIC	ATE OF	COMF	LIA	NCE	ـــــــــــــــــــــــــــــــــــــ	011 001	NOED)	ATION DIV	VISIO	N1	
I hereby certify that the rules and regulations of the Oil Conservation					'	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dota	Approv	nd	JUN 2 3	JUN 2 3 1994		
						Date Approved					
Come Ash					∥ By_	BySUPERVISOR. DISTRICT II.					
Signature Tom Tehner Strain TENT						CHPERVISOR. D.					
Printed Name Title					Title	2,					
(9/5) 682-634C Date 5/5/91)		Tele	phone	No.							
0/0/70					.U						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. narate Form C-104 must be filed for each pool in multiply completed wells.