



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format CG 01.63
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
GAS LIFT SALES & SERVICE INC.

Address
2209 WEST INDUSTRIAL MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-85

If change of ownership give name and address of previous owner: Monsanto Company, 1300 1st City Center, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE Suggested name: Revelation (Bone Spring)

Lease Name <u>Catchlaw Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat - Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>25347-A</u>
Location Unit Letter <u>G</u> ; <u>1880</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> <u>Post ID-2</u> <u>11-1-85</u> Line of Section 10 Township <u>22S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> <u>Chg Op Name</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Crude</u>	Address (Give address to which approved copy of this form is to be sent) <u>8700 Tesoro Drive San Antonio, TX 78286</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Hobbs, New Mexico 88240</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>10</u>	Twp. <u>22</u>	Rge. <u>25</u>
Is gas actually connected? <u>No</u> When <u>Post ID-2</u> <u>11-1-85</u> <u>comp. BS</u>				

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
President
(Title)
10/18/85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 31 1985, 19
BY Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded	Date Compl. Ready to Prod. 10-18-85		Total Depth 11,038		P.B.T.D. 7765'				
Elevations (DF, RKB, RT, CR, etc.) 3609' RKB	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 4426'		Tubing Depth 4411'				
Perforations 4-4 1/2" - 5-1/2" x 100'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		416		600				
12-1/4"	9-5/8"		2400'		1385				
8-3/4"	5-1/2"		11038'		950				
	2-7/8"		4411'		--				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/12/85	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 hr.	Tubing Pressure --	Casing Pressure --	Choke Size --
Prod. During Test	Oil - Bbls. 30	Water - Bbls. 12	Gas - MCF 250

G. WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size