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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

SI CEVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Energex Company 505-622-6713 30-015-23100 Address 100 North Pennsylvania, Roswell, NM 88201 Other (Please explain) Reason(s) for Filing (Check proper box) ANUST NOT BE * Re-entry Change in Transporter of: New Well Dry Gas Oil Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Fenlon NE II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation undesignated Bone Springstate, Federal or Fee VB-0183-1 \$tate State 1 Location Feet From The South Line and 660 Feet From The West 3300 Range 28-E , NMPM, Eddy Township 21-S III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX Dumas, TX 79029 1356, Petro Source Partner O Box Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas **k**zĪ or Dry Gas Undesignated at this negotiating ime contract gas Twp. Rg 21S 28E If well produces oil or liquids, give location of tanks. **Sec.** 2 Unit Is gas actually connected? When? Unknown Μ no If this production is commingled with that from any other lease or pool, give commingling order number: New Vall Workover IV. COMPLETION DATA Oil Well Gas Well Deepen Plug Back Same Res'v Designate Type of Completion - (X) V Total Depth Date Spudded 11/10/92 Re-entered P.B.T.D. 12,339 Top Oil/Gas Pay 12/15/92 8330' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth 8260 Depth Casing Shoe 3318.8 GR Bone Spring 6262' 7328-53 & 8208-13 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** 3-3/8" 513! 11" 8-5/8" 3250. 2900 7-7/8 5-1/2" 12348' 1600 (Pulled 3710') 7/7-8
TEST DATA AND REQUEST FOR ALLOWABLE 3748' 200 OIL WELL (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. Port ID-1 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 12/15/92 pumping 12/6/92 Choke Size Casing Pressure Length of Test Tubing Pressure 24 hrs N Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 1 2 1993 is true and complete to the best of my knowledge and belief. Date Approved _

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

Signature Jackie/Midkiff

Printed Name

12/30/92

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

Title_

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR DISTRICT N

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

Zandman

505-622-6713

Title

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