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

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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

TEEL & & YAM

OIL CONSERVATION DIVISION

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

| O. Drawer DD, Artesia, NM 88210 | | P.O. Box 2088 | | | | | | | MH | 25 | |
|--|---------------------------------|---------------|-----------------|-------------|-----------------------|--|-----------------------------|-----------------------|---|------------------------------|--|
| ISTRICT III | Santa Fe, New Mexico 87504-2088 | | | | | | | | <u>O.</u> | C. O. A. OFFICE | |
| 00 Rio Brazos Rd., Aztec, NM 87410 | REQU | EST FO | OR A | LLOW | AB | LE AND | UTHORIZ | ZATION | ARTES | | |
| * | 7 | OTRA | NSP | ORT | OIL | AND NA | URAL GA | NS Well A | DI NA | | |
| perator | T | | | | | | | 1 | | 2397900D1 | 1 |
| Presidio Exploration, | inc. | | | | | | ···· | | JU-U1-J=2 | -3773UUJ | , s * |
| ddress 3131 Turtle Creek Blvd | , Suite | 400 | Dal: | las, ' | ΤX | 75219- | | :\ | | | , |
| eason(s) for Filing (Check proper box) | . • | | Twee | | | U Othe | t (Please expla | ur) | | <i>.</i> * | |
| lew Well | Oil | Change in | Transp Dry G | - | | | | | | | |
| Lecompletion | Casinghea | | Conde | _ | = | | | Effec | tive Ap | ril l, l | 991 |
| | | | | | | D = 1 ===== | 2121 | T1 | Creek B | lyd. Sui | te 400 |
| change of operator give name d address of previous operator $The\ P$ | | | ora | cion (| OI. | Delaware | = 3131 | Dalla | s, TX | 75219 - 54 | 15 |
| L DESCRIPTION OF WELL | AND LEA | Vell No | Pool 1 | Name Inc | chydia | g Formation | 1.1. | Kind o | (Lease | Le | ase No. |
| Superior Federal | | Well No. | Bu | rton | F1a | t Morro | v East | | Pederal or Pe | NMNM01 | 44698 |
| ocation | 1 | - | | | | | | | | | |
| Unit Letter N | . 660 |) · | Feet l | From The | <u> </u> | outh Lin | and 198 | 30 Fe | et From The . | West | Line |
| | | | | • | | | | Eddy | | | County |
| Section 6 Townshi | 205 | 5 | Range | <u> </u> | 9E | , NI | ирм, | Eddy | ; | | County |
| II. DESIGNATION OF TRAN | SPORTE | R OF O | IL A | ND NA | TUI | RAL GAS | | | | | |
| Name of Authorized Transporter of Oil | | or Conder | | | | Address (Giv | | | | orm is to be set | |
| Koch Oil Co | | | | | | P. O. B | | | hita, K | S 67201 Form is to be set | |
| Name of Authorized Transporter of Casing | ghead Gas | | or Dr | y Gas [| Δ | | e address to wi Box 2523 | | | im 88207 | |
| Delaware Natural Gas If well produces oil or liquids, | l Unit | Sec. | Twp. | | Ree. | Is gas actuall | | When | ? | | |
| ive location of tanks. | l N | 6 | 20 | • | 9E | yes | | i | 6-10- | 82 | |
| this production is commingled with that | from any oth | er lease or | pool, g | ive comm | ningli | ing order num | oer: | | R | R-7269-A | |
| V. COMPLETION DATA | | 100000 | | C *** | 11 | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion | - (X) | Oil Well | | Gas We | 11 | I MEM MEII | Motrovet | Deeberr | Ling Dack | Joenne ves A | |
| Date Spudded | Date Com | pl. Ready to | Prod. | | | Total Depth | | | P.B.T.D. | | |
| | | | | | | Top Oil/Gas Pay | | | | | |
| | | | | | | | | | Tubing Depth | | |
| Perforations | <u></u> | | | | · | <u>L</u> | | | Depth Casin | ng Shoe | |
| | | | | | | <u>.</u> | | | | | |
| | | | | | ND | CEMENTI | NG RECOR | | , | | |
| HOLE SIZE | CA | SING & T | UBING | SIZE | | | DEPTH SET | · | | SACKS CEMI | ENT |
| | | | | | | | | - | | | |
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| | + | | | | | | | <u></u> | | | |
| V. TEST DATA AND REQUE | ST FOR | LLOW | ABL | E | | I | | | | | |
| OIL WELL (Test must be after | recovery of u | otal volume | of loa | d oil and | musi | be equal to o | exceed top all | owable for thi | s depth or be | for full 24 hou | rs.) |
| Date First New Oil Run To Tank | Date of Te | | | | | Producing M | ethod (Flow, p | ump, gas lift, e | uc.) | | |
| | | | | | | Casing Press | ure | | Choke Size | <u> </u> | |
| Length of Test | Tubing Pr | essure | | | | Capilly Fresh | | | | | |
| Actual Prod. During Test | Oil - Bbls | | | | | Water - Bbls | • | | Gas- MCF | | · · · · · · · · · · · · · · · · · · · |
| Shoring 1 tons married 1 and | | • | | | | | | | <u> </u> | | |
| GAS WELL | | | | | | | | | | • | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| | | | | | /// | | | Caba Ola | Choke Size | | |
| Testing Method (pitot, back pr.) | Tubing Pr | essure (Shu | ıt-in) | | | Casing Press | ure (Shut-in) | | Choke Size | ; | |
| | 1 | | | | | | | | | | |
| VI. OPERATOR CERTIFIC | | | | | | | OIL COI | NSERV | ATION | DIVISIO | NC |
| I hereby certify that the rules and regularision have been complied with and | lations of the | Oil Conse | rvation | l ove | | | J J J. | | , , , , | | |
| Division have been complied with and is true and complete to the best of my | knowledge : | ind belief. | au | -,• | | Dot | Approve | ed | \ | | |
| The na | المحلم | _ | | | | Dale | 2 Whhinas | | 11 | | |
| Glydle SON | will | <i>)</i> | | | | By_ | | \sim | $_{\wedge l} / \mathcal{U}_{a}$ | | |
| Signature Phyllis Sobotik Pre | oductio | n Rnt' | o Si | iperv | iso | | | () 1 | 14, // | | |
| Printed Name | Judetio | Kpt | Title | | | Title | | 1/2 | //h, /, · | | |
| May 21, 1991 | 214-5 | 28-589 | | | | II THE | | \` | | | |

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.