STATE OF NEW MEXICO	ENT		Form C-104 Revised 10-01	-78		
	OIL CONSERVA	2088	Format 05-01			
V.8.0.3.	SANTA FE, NEW	MEXICO 87501				
LAND OFFICE	. AN	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator			A (EULA) OFFICE			
Primary	Fuels, Inc. V					
Address	t Wall, Suite 1300, Midland	, Texas 79701				
Reason(s) for filing (Check proper b	ox)	Other (Please	explain)			
X New Well	Change in Transporter of:	Gas	GHEAD GAS MUST NOT BE	n 11		
Recompletion		idensate	6/29/83			
Change in Ownership			UN ETCERTION FROM			
f change of ownership give name	· ·		. M. IS OBTAINED			
nd address of previous owner						
I. DESCRIPTION OF WELL A	Well No. Pool Name, Including For	rmation	Kind of Lease	Lease No		
Lease Name			State, Federal or Fee Federal			
PFI Amoco 19 Feder			· · · · · · · · · · · · · · · · · · ·			
Unii Leiler K :	1687 Feet From The South Line	and <u>2041</u>	_ Feet From The West			
				County		
Line of Section 19	Township 225 Range 26		<u>FI()y</u>			
III DESIGNATION OF TRAN	VSPORTER OF OIL AND NATURAL	GAS	the second ship form is	to be senti		
Name of Authorized Transporter of	Oll x or Condensate L	A30.000 0.000	to which approved copy of this form is			
Permian		P. O. Box 1183	HOUSTON, TX. 77251-11 to which approved copy of this form is	to be sent)		
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (errer				
Negotiating	Unit Sec. Twp. Rge.	is gas actually connect	ed? When			
If well produces oil or liquids, give location of tanks.	K 19 225 26E	No	ł			
	with that from any other lesse or pool,		r number:	·		
NOTE: Complete Parts IV an	nd V on reverse side if necessary.					
VI. CERTIFICATE OF COMPL	LIANCE		CONSERVATION DIVISION			
	ulations of the Oil Conservation Division have	APPROVED MAY 2 4 1988, 19				
been complied with and that the inforr	nation given is true and complete to the best of		Original Signed By			
my knowledge and belief.			Mike Milliems			
~		TITLE	Of a Use hypother			
Janice Con	stney		o be filed in compliance with RUL quest for allowable for a newly dril	led or deeper		
(S	Signalwe)	mult this form mus	well in accompanied by a tabulation well in accordance with RULE 1	OT IVA GRATER		

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Sr. Production Analyst

April 25, 1988

(Tule)

(Date)

All sections of this form must be filled out completely for allow-able 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.

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IV. COMPLETION DATA

Designate Type of Completion	on = (X)	V V	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. Res
Date Spudded	Date Compl.	Ready to Pr	od.	Total Depth			P.B.T.D.	÷	•
12/07/87	4/02/88								
Elevations (DF, RKB, RT, GR, etc.)	and the second se	Name of Producing Formation			Top Cil/Gas Pay		4,561 ' Tubing Depth		
GL_3377.6'	Cherry Canyon		368	3682'					
Perforations				3,617! Depth Casing Shoe 4,600'					
3682-3754', 2332-236	50 '							4,600'	
	•	TUBING, C	ASING, AND	CEMENTI	NG RECORD)			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13_3/8			623!		855			
12 1/4	8:5/8			2.190		950			
7 7/8	ļ <u> </u>	1/2		4,600		- 650			
. TEST DATA AND REQUEST	FOL ALLOW	VABLE (T.	est must be aj le for this de	fter recovery c pth or be for f	of total volumi full 24 hours)	e of load oil	and must be ev	qual to or exc	eed top ell
ate First New Ou Ava To Tanks	Date of Test			Producing Method (Flow, pump, gas lift, etc.)					
2/23/88	4/	12/88		Flowing					
ength of Teet	Tubing Pressure		Casing Pressure		Choke Size				
24 hrs.		<u>35 psi</u>		0				/4"	
stual Prod. During Test	Oil-Bbis.			Water - Bbla.			Gas - MCF		
	1 .	38 '			207			<u> </u>	

GAS WELL

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	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate				
~ •			-					
	Teeling Method (picos, back pr.)	Tubing Pressure (shut-is)	Cosing Pressure (Shut-1.8)	Choke Size				

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A request for a testing allowable of 500 barrels was approved on 3/10/88for the month of March, 1988.

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