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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 10 '89

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

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Dinero Operating Company</u>	Well API No. <u>36-615-26048</u>
Address <u>P.O. Box 10505, Midland, Texas 79702</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Dinero-Eaton 22 State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Catchew Creek (Delaware)</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>A</u>	<u>646</u>	Feet From The <u>North</u>	Line and <u>646</u>	Feet From The <u>East</u>
Section <u>22</u>	Township <u>21S</u>	Range <u>25E</u>	NMPM, <u>Colony</u>	County

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>Permian Corporation or Western</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 77251</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>22</u>
	Twp. <u>21S</u>	Rge. <u>25E</u>
	Is gas actually connected? <u>no</u>	When? <u>negotiating market</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>12-31-88</u>	Date Compl. Ready to Prod. <u>12-29-89</u>	Total Depth <u>2000'</u>	P.B.T.D. <u>2750'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>RKB 95'</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>2114'</u>	Tubing Depth <u>2505'</u>					
Perforations (2414-24) (2424) (2432-25) (2438-43) (2450-51) (2473-75) (2488-92) (2505-10) (2530-39) 2 hole per ft. 1 1/2 inch 3/4	Depth Casing Shoe <u>2000'</u>							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>8 5/8</u>	<u>1870</u>	<u>8200 Sacks B.Lite, 200 Sacks</u>					
<u>7 7/8</u>	<u>4 1/2</u>	<u>5200</u>	<u>6000 Sacks B.Lite 3/4 C</u>					
<u>7 7/8</u>	<u>4 1/2</u>	<u>2014</u>	<u>5500 Sacks 3/4 C B.Lite, C</u>					
	<u>2 3/8</u>	<u>2505</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE

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.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		<u>Post ID-3</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			<u>10-20-89</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<u>chgt. RT: KDC</u>

GAS WELL

Actual 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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Diana Kalston  
Signature  
Diana Kalston Title  
Printed Name  
10/12/89 Date  
(915) 684-5571 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 12 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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 with Rule 111.
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

