

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210 JUL 03 '89

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

|             |     |  |
|-------------|-----|--|
| Santa Fe    |     |  |
| File        |     |  |
| Transporter | Oil |  |
| Operator    | Gas |  |

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| Operator<br>BILL FENN, INC.   | Well API No.<br>30-015-26081  |
| Address<br>P. O. DRAWER 569, GIDDINGS, TEXAS 78942                                      |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |
| New Well <input checked="" type="checkbox"/>  | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>   | Oil <input 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<br>ROARING SPRINGS FED. COM.   | Well No.<br>1 | Pool Name, Including Formation<br>INDIAN BASIN - CISCO 4/Penn | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM-76919 |
| Location<br>Unit Letter E : 1650 Feet From The N Line and 990 Feet From The W Line<br>Section 14 Township 21 S Range 23 E , NMPM, EDDY County |               |   |  |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |                                   |             |             |
|--|--|-----------------------------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)<br>P. O. BOX 1558, BRECKENRIDGE, TX 76024 |                                   |             |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P. O. BOX 283, HOUSTON, TEXAS 77001    |                                   |             |             |
| If well produces oil or liquids, give location of tanks.   | Unit<br>E  | Sec.<br>14                        | Twp.<br>21S | Rge.<br>23E |
| Is gas actually connected?   |  | When? 8-15-89<br>TO BE DETERMINED |             |             |
| 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                             | Gas Well | New Well                | Workover | Deepen               | Plug Back | Same Res'v | Diff Res'v |
|  |                                      | X        | X                       |          |                      |           |            |            |
| Date Spudded<br>3/20/89                    | Date Compl. Ready to Prod.<br>6/6/89 |          | Total Depth<br>9564     |          | P.B.T.D.<br>9087     |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>3804 | Name of Producing Formation<br>CISCO |          | Top Oil/Gas Pay<br>7435 |          | Tubing Depth<br>7268 |           |            |            |
| Perforations<br>7438 - 7446 & 7460 - 7478  |                                      |          |                         |          | Depth Casing Shoe    |           |            |            |
| TUBING, CASING AND CEMENTING RECORD        |                                      |          |                         |          |                      |           |            |            |
| HOLE SIZE                                  | CASING & TUBING SIZE                 |          | DEPTH SET               |          | SACKS CEMENT         |           |            |            |
| 17 1/2"                                    | 13 3/8"                              |          | 304'                    |          | 300 SACKS Post-ID-2  |           |            |            |
| 12 1/4"                                    | 9 5/8"                               |          | 1998'                   |          | 950 SACKS 7-14-89    |           |            |            |
| 8 3/4"                                     | 7"                                   |          | 7926'                   |          | 575 SACKS comp + B11 |           |            |            |

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8" SET AT 7268'

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.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas- MCF   |

GAS WELL

|   |                                   |                                |                            |
|---|-----------------------------------|--------------------------------|----------------------------|
| Actual Prod. Test - MCF/D<br>209                | Length of Test<br>8 HRS.          | Bbls. Condensate/MMCF<br>0     | Gravity of Condensate<br>- |
| Testing Method (pilot, back pr.)<br>BACK PRESS. | Tubing Pressure (Shut-in)<br>1560 | Casing Pressure (Shut-in)<br>- | Choke Size<br>VARIABLE     |

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.

Signature Danny Brown  
DANNY BROWN OPERATIONS MANAGER  
Printed Name  
Title  
(409) 542-9631  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 17 1989

By ORIGINAL SIGNED BY

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.