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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

NOV 19 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Sendero Petroleum, Inc.		Well API No. 30-015-26107
Address P.O. Box 1736 Midland, Tx 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		Re-Entry

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pronghorn Federal Comm	Well No. 1	Pool Name, Including Formation Indian Basin Upper Penn	Kind of Lease State, Federal or Fee	Lease No. NM 58511
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 8 Township 21 South Range 23 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian Corporation	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Tx 77251-1183
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline Co.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 283 Houston, Tx. 77001-0283
If well produces oil or liquids, give location of tanks.	Unit P Sec. 8 Twp. 21s Rge. 23E	Is gas actually connected? no When? December 1990

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
Date Spudded 8-1-90	Date Compl. Ready to Prod. 10-28-90	Total Depth 9356'				P.B.T.D. 7310'		
Elevations (DF, RKB, RT, GR, etc.) 3988 GR	Name of Producing Formation Cisco REEF	Top Oil/Gas Pay 7244'				Tubing Depth 7152		
Perforations 7244-51, 7252-59, 7275-80						Depth Casing Shoe 7650'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8" 48#	227'	Circulated					
12 1/4"	9 5/8" 36#	1675'	Circulated					
8 3/4"	5 1/2" 15.5# +17.0#	7650'	500SXclass H					
	2 3/8"	7152						

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.)	
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 1268	Length of Test 9hrs.	Bbls. Condensate/MMCF 1	Gravity of Condensate 57
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1798#72HR.	Casing Pressure (Shut-in) 0	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.

Signature
Kurt Boley
Printed Name
11-7-90
Date
915-684-4561
Telephone No.
Vice President
Title

OIL CONSERVATION DIVISION

Date Approved APR 5 1991

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.