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

State of New Mexico  
RECEIVED Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210 JUL 13 '89

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87401

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DINERO OPERATING COMPANY		Well API No. 30-015-26119
Address P.O. Box 10505, Midland, Texas 79702		
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 Dinero Exxon 22 State	Well No. 2	Pool Name, Including Formation Catclaw Draw (Delaware)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>B</u> : <u>985</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>21S</u> Range <u>25E</u> , NMPM, Eddy 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"/> Koch Oil Company (Div. of Koch Ind. Inc.)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024					
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 A	Sec. 22	Twp. 21S	Rge. 25E	Is gas actually connected? no	When ? negotiating market

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 XXX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05-25-89	Date Compl. Ready to Prod. 06-26-89		Total Depth 3000'		P.B.T.D. 2966'			
Elevations (DF, RKB, RT, GR, etc.) 3512.2	Name of Producing Formation Delaware Cherry Canyon		Top Oil/Gas Pay 2452		Tubing Depth 2450			
Perforations 2432-54, 2456-78, 2491-94, 2502-07, 2518-28, 2545-53, 2556-64, 2566-73, 2580-85, 2603-10					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	7 5/8 26.4-29.70#		1800		200 sxs C. C., Circ. 50 to surface			
6 1/2	4 1/2 11.6 & 13.5#		3000		150 sxs 50/50 Poz + 2%			
	2 3/8		2450					

#### 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 06-26-89	Date of Test 07-08-89	Producing Method (Flow, pump, gas lift, etc.) flowing		Post ID-2 8-4-89 Camp + BR
Length of Test 24 hours	Tubing Pressure 200#	Casing Pressure 600#	Choke Size 16/64	
Actual Prod. During Test	Oil - Bbls. 56	Water - Bbls. 173	Gas - MCF 84.56	

#### 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.

Signature Nana Rubsten  
Printed Name Nana Rubsten Title Prod. Ctrl.  
Date 7/12/89 Telephone No. (915) 684-5544

#### OIL CONSERVATION DIVISION

Date Approved JUL 31 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.

