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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

OCT 10 '89

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

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

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

O. C. D.
OFFICE

I.

Operator <i>Dinere Operating Company</i>	Well API No. <i>38 415-20119</i>
Address <i>P.O. Box 10505, Midland, TX 79702</i>	
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 <i>Dinere-Eyven 22 state</i>	Well No. <i>2</i>	Pool Name, Including Formation <i>Catchment (Delaware)</i>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <i>B</i>	<i>485</i>	Feet From The <i>North</i>	Line and <i>1050</i>	Feet From The <i>East</i>
Section <i>22</i>	Township <i>21S</i>	Range <i>25E</i>	NMPM, <i>Eddy</i>	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"/>	Address (Give address to which approved copy of this form is to be sent)				
<i>Herman Corporation</i>	<i>P.O. Box 1123 Houston, TX 77251</i>				
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 <i>A</i>	Sec. <i>22</i>	Twp. <i>21S</i>	Rge. <i>25E</i>	Is gas actually connected? <i>No</i> When? <i>10/1 tubing market</i>

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 <i>10-25-89</i>	Date Compl. Ready to Prod. <i>10-26-89</i>	Total Depth <i>300'</i>	P.B.T.D. <i>2116' Post ID-3</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>2512.2</i>	Name of Producing Formation <i>Delaware Cherry Camp</i>	Top Oil/Gas Pay <i>2150'</i>	Tubing Depth <i>2152' chg wt: KDC</i>					
Perforations <i>2452-54, 2456-78, 2491-94, 2502-07, 2518-28, 2545-53, 2556-64, 2566-73, 2580-85, 2603-10</i>		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>11</i>	<i>7 5/8 26.47-29.7011</i>	<i>120</i>	<i>200 SACS C. C. Circ. 50</i>
<i>6 1/2</i>	<i>4 1/2 11.64 13.5"</i>	<i>300</i>	<i>100 SACS 50/50 Per 100'</i>
	<i>2 3/8</i>	<i>2150</i>	

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	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.

Mike Rubsten
Signature
Mike Rubsten Prod. CLK
Printed Name
10/2/89 Date
(915) 677-5541 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 12 1989**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I

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.

