Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

AUG - 3'90 Santa Fe. New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION D. TO TRANSPORT OIL AND NATURAL GAS OFFICE 30-015-26119 DINERO OPERATING COMPANY Address P. O. Box 10505, Midland, Texas 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Oil Casinghead Gas XX Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee Dinero Exxon "22" State Catclaw Draw (Delaware) Location Feet From The North 1650 East Line and Feet From The Unit Letter Line Eddy 22 Township 21S 25E Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) XXX P. O. Box 1183, Houston, Texas Permian Corporation Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) XX or Dry Gas [P. O. Box 11248, Midland, Texas 79702 Pinnacle Natural Gas Company Twp. 21S If well produces oil or liquids, Is gas actually connected? Yes When? June 21, 1990 give location of tanks. 22 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT W/ ID-3 10-90 GT: PHG V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure 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 Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 3 1990 is true and complete to the best of my knowledge and belief. AUG Date Approved .

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Date

Gerry : Printed Name

7/31/90

Porte

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT I

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Production Clerk

Title (915) 684-5544

Telephone No.

- 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.

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