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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

APR 09 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator Presidio Exploration, Inc. | Well API No. 30-015-26125 |
| Address 5613 DTC Parkway, Suite 750 P. O. Box 6525 Englewood, CO 80155-6525 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" 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 Eddy "IK" State | Well No. 1 | Pool Name, Including Formation Burton Flat Strawn, East | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 2 Township 20S Range 29E, 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) |
| Pride Pipeline Company | P O Box 2436 Abilene, TX 79604 |
| 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) |
| Grand Valley Gathering Company | 4200 E Skelly Drive, #560 Tulsa, OK 74135 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When ? |
| G 2 20S 29E yes | unknown 11-89 |

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 X | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v X |
| Date Spudded 1/10/93 (Re-entry) | Date Compl. Ready to Prod. 2/14/93 | | Total Depth 10850 | | P.B.T.D. 10688 (CIBP) | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3322.8' GL | Name of Producing Formation Burton Flat Strawn | | Top Oil/Gas Pay 10565 | | Tubing Depth 10495 | | | |
| Perforations 10792-10750; 10746-10704; 10565-10618 106 holes prod interval | | | | | Depth Casing Shoe 10850 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 26 | 20 | | 450 | | 1300 C1 C | | | |
| 17-1/2 | 13-3/8 | | 1165 | | 1140 C1 C | | | |
| 12-1/4 | 8-5/8 | | 3510 | | 1400 C1 C | | | |
| 7-7/8 | 5-1/2 | | 6250 | | 1060 C1 C | | | |

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 4-1-93 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| 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 160 | Length of Test 24 hrs | Bbls. Condensate/MMCF 20 | Gravity of Condensate 49.8 |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 2000 | Casing Pressure (Shut-in) 0 | Choke Size open |

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.

Phyllis Sobotik
Signature
Phyllis Sobotik Operations Technician
Printed Name
April 1, 1993 303-850-1104 Title
Date Telephone No.

OIL CONSERVATION DIVISION

APR 26 1993

Date Approved
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.