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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

OIL CONSERVATION DIVISION MAY & 8 1991

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | REQ                                   | UEST F        | OR A       | LLOWAE                    | BLE AND  | AUTHORI                             | Ο.<br>ZA <b>TYÖÑ</b> | C. D.<br>A. OFFICE |                            |                                       |  |
|--|---------------------------------------|---------------|------------|---------------------------|--|-------------------------------------|----------------------|--------------------|----------------------------|---------------------------------------|--|
| I.   |                                       | TO TRA        | ANSP       | ORT OIL                   | AND NA   | TURAL G                             | 45                   |                    |                            |                                       |  |
| Operator   |                                       |               |            |                           |  |                                     | Well /               | Well API No.       |                            |                                       |  |
| Presidio Exploration, Inc.   |                                       |               |            |                           |  |                                     | 30-015-2632300S1     |                    |                            |                                       |  |
| Address  | Ç.,                                   | ± 400         | ים נ       | 1100 7                    | rv 7591  | 9-5415                              |                      |                    |                            | .*                                    |  |
| 3131 Turtle Creek  Reason(s) for Filing (Check proper box)   | Su                                    | 1te 400       | J De       | allas,                    |  | er (Please expl                     | zin)                 |                    |                            | <del></del>                           |  |
| New Well   |                                       | Change in     | Transp     | orter of:                 |  | (                                   | <b>-</b>             |                    | •                          |                                       |  |
| Recompletion   | Oil                                   |               |            |                           |  |                                     |                      |                    |                            |                                       |  |
| Change in Operator   | Casinghe                              | ad Gas        | Conde      | _                         | Eff  | ective Ap                           | pril 1,              | 1991               |                            |                                       |  |
| If change of operator give name The P  |                                       |               | orot       | ion of                    | Do larrar  | 0 - 3131                            | Turtle               | Crook B            | lud Sui                    | te 400                                |  |
| and address of previous operator The P   | etrore                                | um cor        | orat       | 1011 01                   | Delawai  | E - 3131                            | Turtre<br>Dal        | las, TX            | 75219-                     | -5415                                 |  |
| II. DESCRIPTION OF WELL  | AND LE                                | ASE           |            |                           |  |                                     | Dai                  | .145, IA           | 73217                      |                                       |  |
| Lease Name   |                                       | Well No.      |            |                           | ing Formation  |                                     |                      | of Lease           | -                          | ease No.                              |  |
| Superior Federal   |                                       | 8             | Βι         | irton F                   | lat Stra   | wn East                             | State,               | Federal or Fee     | NMNMC                      | )144698                               |  |
| Location   |                                       |               |            | _                         |  |                                     |                      |                    |                            |                                       |  |
| Unit Letter N  | <u>: 21</u>                           | 30            | _ Feet F   | rom The                   | West Lin   | e and990                            | Fe                   | et From The _      | South                      | Line                                  |  |
| 1  | 200                                   |               | _          |                           | 205 3  | ore C                               | 1                    |                    |                            | Causater                              |  |
| Section 1 Township   | , 20S                                 |               | Range      | ·                         | 29E , N  | MPM, E                              | ldy                  |                    |                            | County                                |  |
| III. DESIGNATION OF TRAN   | CD/\DTI                               | 7D OF O       | II. AN     | ID NATTI                  | RAT. GAS   |                                     |                      |                    |                            |                                       |  |
| Name of Authorized Transporter of Oil  | <u> </u>                              | or Conde      |            |                           | Address (Gi  | re address to wi                    | rich approved        | copy of this fo    | orm is to be se            | nt)                                   |  |
| Navajo Refining Co   |                                       |               |            |                           | P. O. Drawer 159 Artesia, NM 88210                                       |                                     |                      |                    |                            |                                       |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas X  |                                       |               |            |                           | Address (Give address to which approved copy of this form is to be sent) |                                     |                      |                    |                            |                                       |  |
| Delaware Natural Gas   |                                       | _             | -          |                           | P. O.  | Box 2523                            | Rosw                 | rell, NM 88207     |                            |                                       |  |
| If well produces oil or liquids,   | Unit                                  | Sec.          | Twp.       | Rge.                      | Is gas actual  | y connected?                        | When                 |                    |                            |                                       |  |
| give location of tanks.  | N                                     | 1             | 20S        | 29E                       | yes  |                                     |                      | 7-                 | 31-90                      |                                       |  |
| If this production is commingled with that i   | from any ot                           | her lease or  | pool, gi   | ive comming               | ing order num  | iber:                               | <del></del>          |                    |                            |                                       |  |
| IV. COMPLETION DATA  |                                       |               |            |                           | ~~····   |                                     |                      | <del></del>        | ·······                    | · · · · · · · · · · · · · · · · · · · |  |
| Designate Time of Completion   | œ                                     | Oil Well      | ۱ <u>ا</u> | Gas Well                  | New Well   | Workover                            | Deepen               | Plug Back          | Same Res'v                 | Diff Res'v                            |  |
| Designate Type of Completion   |                                       | 1 2 2 2 2     |            |                           | Total Depth  | <u> </u>                            | 1                    | DDCD               |                            |                                       |  |
| Date Spudded   | Date Com                              | ipl. Ready to | o Prod.    |                           | Total Depth  |                                     |                      | P.B.T.D.           |                            |                                       |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |                                       |               |            |                           | Top Oil/Gas  | Top Oil/Gas Pay                     |                      |                    | Tubing Depth               |                                       |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |                                       |               |            |                           |  |                                     |                      | Tuomg Depar        |                            |                                       |  |
| Perforations   | L                                     |               |            |                           | I  | ***                                 | <del> </del>         | Depth Casin        | g Shoe                     |                                       |  |
|  |                                       |               |            |                           |  |                                     |                      |                    |                            |                                       |  |
|  |                                       | TUBING.       | CASI       | NG AND                    | CEMENTI  | NG RECOR                            | D                    | <del></del>        |                            |                                       |  |
| HOLE SIZE CASING & TUBING SIZE   |                                       |               |            |                           |  | DEPTH SET                           |                      | SACKS CEMENT       |                            |                                       |  |
|  |                                       |               |            |                           |  |                                     |                      |                    |                            |                                       |  |
|  |                                       |               |            |                           |  |                                     |                      |                    |                            |                                       |  |
|  |                                       |               |            |                           |  |                                     |                      |                    |                            |                                       |  |
|  |                                       |               |            |                           | l  |                                     |                      |                    |                            |                                       |  |
| V. TEST DATA AND REQUES  | T FOR                                 | ALLOW         | ABLE       | }                         |  |                                     |                      |                    |                            |                                       |  |
| OIL WELL (Test must be after n   | <del></del>                           |               | of load    | oil and must              | be equal to o  | exceed top allo                     | wable for this       | depth or be f      | or full 24 hou             | rs.)                                  |  |
| Date First New Oil Run To Tank   | Date of To                            | est           |            |                           | Producing M  | ethod (Flow, pu                     | ump, gas tyt, e      | ic.j               |                            |                                       |  |
|  |                                       |               |            |                           | Casing Press   | i me                                |                      | Choke Size         |                            |                                       |  |
| ength of Test Tubing Pressure  |                                       |               |            |                           | Casing Fices   | aic                                 |                      |                    |                            |                                       |  |
| Actual Prod. During Test Oil - Bbls.   |                                       |               |            | Water - Bbis.             |  |                                     | Gas- MCF             |                    |                            |                                       |  |
| Actual Front During Test   | Oil - Bbls.                           |               |            |                           | Tracti Dollar  |                                     |                      |                    |                            |                                       |  |
|  | <u> </u>                              |               |            |                           | <u> </u>   |                                     |                      | <u> </u>           |                            |                                       |  |
| GAS WELL   | · · · · · · · · · · · · · · · · · · · | <b></b>       |            | <del> </del>              | Dia Conde  | -cote/A/MCE                         |                      | Gravity of C       | ondensate                  |                                       |  |
| Actual Prod. Test - MCF/D Length of Test   |                                       |               |            |                           | Bbls. Condensate/MMCF  |                                     |                      | Clavity of College |                            |                                       |  |
| Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  |                                       |               |            | Casing Pressure (Shut-in) |  |                                     | Choke Size           |                    |                            |                                       |  |
|  |                                       |               |            |                           |  |                                     |                      |                    |                            |                                       |  |
|  | <u> </u>                              |               | N T A 1    | YOU                       | ┪┌───  | <del></del>                         |                      |                    |                            |                                       |  |
| VI. OPERATOR CERTIFIC  |                                       |               |            | NCE                       |  | OIL CON                             | ISERV                | ATION I            | DIVISIO                    | N                                     |  |
| I hereby certify that the rules and regular  |                                       |               |            | ie.                       | ll '   | J J.                                |                      |                    |                            | · - <del>-</del>                      |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |                                       |               |            |                           | D-1  | . Ann==::-                          | d                    | MAY 2              | 8 1991                     |                                       |  |
| 77   | -4-1                                  |               |            |                           | Date   | Approve                             | u                    |                    |                            | <del></del>                           |  |
| VIII (102) AND   | TIK                                   |               |            |                           |  |                                     | ORIGINA              | AL SIGNE           | D RY                       |                                       |  |
| Signature Signature  |                                       |               |            |                           | 11   | By ORIGINAL SIGNED BY MIKE WILLIAMS |                      |                    |                            |                                       |  |
| Phy//lis Sobotik Production Rpt'g Supervisor   |                                       |               |            |                           | 11   |                                     |                      | ISOR. DIS          | TRICT II                   |                                       |  |
| Printed Name May 21, 1991 214-5  | 28-589                                | 8             | Title      |                           | Title  | ·                                   |                      |                    |                            |                                       |  |
| Date 21, 1991 214-9  |                                       |               | ephone :   | No.                       |  | Ŧ                                   |                      | *                  | in the first of the second |                                       |  |

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.