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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89

See Instructions

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

1 EC 2 - 1992

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Address   P. O. BUX. 2760; MIDLAND, TX. 79702-2760   Change in Principoter of Change (of Principoter of Change)   Change in Dyrace   Change in Change of Operation   Change in Transporter of Change in Operation operated Change of Operation   Change in Operation   Change in Operation operated Change of Operation   Change in Operation   Change in Operation operated Change in Operation   Change in	Operator  RASS ENTERDRISES DRODUCTION CO									
Change in Chemical Operators   Casingheed Gas   Condensate   Casingheed Gas   Casingheed	Address		2760			30	-015-2/036	)		
Recompletion On Cataloghead Ca		10, 1X 7370Z	2700	Othe	t (Please expla	in)				
Casinghead Gas May Condensate   Casinghead Gas May Condensate	——————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·	י וייים							
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Lease No.  Lease No.  Location  Description of Well And Lease  Vel IN.  Description of Melia Repeated of Peace Interest	f change of operator give name	Casingnead Gas 📈	Condensate [							
Lease Name   GOLDEN 8 FEDERAL   2 SOUTH GOLDEN LANE DELANARE   Stade   Teaser   SAME, Pederator Fee   NMM-02946	and address of previous operator			· · · · · · · · · · · · · · · · · · ·			·			
GOLDEN 8 FEDERAL 2 SOUTH GOLDEN LAME DELAWARE State, Potestal or Fee NM-02946  Losation  Usit Letter N ; 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line  Section 8 Township 21S Range 29E NMPM, EDDY Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  Name of Authorited Transporter of Oil X or Condensate  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  ADDRESS (SELLY DRIVE SOUTH	<del></del>					- <del> </del>				
Location   Line   Lin			1	-	DEL AMADE	1 -		Į I		
Section 8   Toronathip 21S   Range 29E   NMPM, EDDY   County	<del></del>		1 300 III GOL	DEN EANE	DELAWANT			1117-02940		
Section   8   Township   21S   Range   29E   NMFM, EDDY   Country	Unit Letter N	_ :330	Feet From The	OUTH Line	and 2310	) Fe	et From The	WEST Line		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Contensions   or Condension   Address (Give address to which approved copy of this form is to be sent)  KOCH OIL CO. A DIVISION OF KOCH IND.   INC.   Address (Give address to which approved copy of this form is to be sent)  KOCH OIL CO. A DIVISION OF KOCH IND.   INC.   Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  When 7  Address (Give address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  When 7  Res   Type   Completion		in 215	005		505					
Name of Authoritzed Transporter of Oil	Section C Townsair	<u>p_213</u>	Kange 232	, NIV	irm, LOI	71	·	County		
Name of Authorized Transporter of Casinghead Gas										
Name of Authorized Transporter of Castinghead Gas	·	LXI	1.1	1				=		
ACCOMPENSION   ACCOMPONATION										
Total production of tanks.    N   8   215   29E   NO	CENTENNIAL NATURAL GAS	S CORPORATION		4200 E	SKELLY DE	RIVE SU	ITE 560 TU	· ·		
Title production is committingled with that from any other lease or pool, give committing order number:    V. COMPLETION DATA					connected?	•		MVC		
Designate Type of Completion - (X)  Due Speaded		_ <u> </u>				I A	PPRUX ZI L	JAYS		
Designate Type of Completion - (X)		tion any orac icase of	poor, give continuing	pring Order Inditio	C1.					
T-9-92		· σςς :		<u>i</u> X i	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v		
Elevations (DF, RKB, RT, GR, etc.)  3360 'GR, 3378' RB  DEL AMARE  4195' 4195'  Tubing Depth 4123'  14123'  1416	•	-		[			i i			
A										
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  14 3/4"  11 3/4"  8 5/8"  2982'  16005x CLASS "C"  7 7/8"  5 1/2"  4505'  3155x CLASS "C"  CALC. T.O.C. 2480'  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  24 HRS  Actual Prod. During Test  Oil - Bbis.  GAS WELL  Actual Prod. During Test  Oil - Bbis.  B4  O  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  B5 Locating Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been compiled with and that the information given above is true and complete to the best pf my knowledges and belief.  Printed Name  R. C. HOUTCHENS SR PRODUCTION CLERK  Printed Name  12 - 18 - 92  (915) 683-2277	3360'GR. 3378' KB	_	ļ ,			1				
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  14 3/4"  11 3/4"  8 5/8"  2982  1600sx CLASS "C"  7 7/8"  5 1/2"  4505'  CALC. T.O.C. 2480'  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  7-31-92  R-9-92  FLOWING  Producing Method (Flow, pump, gas lift, etc.)  FLOWING  Actual Prod. During Test  Oil - Bbis.  Water - Bbis.  Gas-MCF  GAS WELL  Actual Prod. During Test  Oil - Bbis.  B4  O 92  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Boils. Condensate/MMCF  Gravity of Condensate  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my tayfowledge and belief.  Signature  R. C. HOUTCHENS SR PRODUCTION CLERK  Printed Name  R. C. HOUTCHENS  SR PRODUCTION CLERK  Printed Name  12-18-92  (915) 683-2277  Title  Title  Title	Perforations					•	Depth Casing S	hoe		
HOLE SIZE  14 3/4"  11 3/4"  28 5/8"  2982'  16005x CLASS "C"  7 7/8"  5 1/2"  4505'  3155x CLASS "C"  CALC. T.O.C. 2480'  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  7-31-92  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  7-4 HRS  Actual Prod. During Test  Oil -Bbls.  B4  O PACKER  3/4"  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Date Approved  ORIGINAL SIGNED BY  MIKE WILLIAMS  SUPERVISOR, DISTRICT II  Title  Title  Title  Title  Title  Title  Title	4195'-4218' (118 HOL		CASING AND	CEMENTIN	IC DECOR		4506			
14 3/4" 11 3/4" 2982' 16005x CLASS "C" 7 7/8" 5 1/2" 4505' 3155x CLASS "C" CALC. T.O.C. 2480'  V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (**ret 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 7-31-92 8-9-92 FLOWING Casing Pressure 24 HRS 40 PACKER 3/4" Actual Prod. During Test Oil - Bbis. 84  Oil - Bbis.  Gas-MCF 92  GAS WELL Actual Prod. Test - MCF/D Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  O'L CONSERVATION DIVISION Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR. DISTRICT IN Title Title Title Title	HOLE SIZE						SACKS CEMENT			
7 7/8"  5 1/2"  4505'  3155X CLASS "C"  CALC. T.O.C. 2480'  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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  7-31-92  Length of Test  Tubing Pressure  24 HRS  40  PACKER  3/4"  Actual Prod. During Test  Oil - Bbls.  84  O  92  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Respondent of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing 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  R. C. HOUTCHENS  SR PRODUCTION CLERK  Printed Name  12-18-92  (915) 683-2277  Title	14 3/4"									
V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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  7-31-92  Region of Test  Tubing Pressure  24 HRS  40  PACKER  24 HRS  40  PACKER  3/4"  Actual Prod. During Test  Oil - Bbis.  Water - Bbis.  Gas-MCF  92  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bibls. Condensate/MMCF  Gravity of Condensate  (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  R. C. HOUTCHENS  SR PRODUCTION CLERK  Printed Name  12-18-92  (915) 683-2277  Title  Title  Title  Title  Title  Title  Title  Title				<del></del>						
V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  If est 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  7-31-92  Length of Test  24 HRS  40  PACKER  24 HRS  Actual Prod. During Test  Oil - Bbls.  84  Oil - Bbls.  Buter - Bbls.  Gas- MCF  Og2  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing 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  R. C. HOUTCHENS  SR PRODUCTION CLERK  Printed Name  12-18-92  (915) 683-2277  Title  Title  Title  Title  Title  Title  Title  Title  Title	/ //8"	5 1/2"		4505				<del></del>		
DIL 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  7-31-92  8-9-92  Ength of Test  Tubing Pressure  24 HRS  Actual Prod. During Test  Oil - Bbis.  84  Oil - Bbis.  Bbis.  Condensate/MMCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  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.  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.  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.  Oil Conservation  Original Signed By  Mike Williams  Supervisor, District in  Title  Title  Title  Title	V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	<u> </u>		<del> </del>	ICALC. I.C	7.C. 2480°		
Touring Test   Tubing Pressure   Casing Pressure   Choke Size   3/4	OIL WELL (Test must be after t			t be equal to or	exceed top allo	wable for thi	s depth or be for j	full 24 hours.)		
Length of Test  24 HRS  40  Actual Prod. During Test  Oil - Bbls.  84  Water - Bbls.  Gas- MCF  92  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure  (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY  MIKE WILLIAMS  SUPERVISOR, DISTRICT IN  Title  Title  Title  Title  Title  Title					• •	np, gas lift, e	etc.)			
24 HRS  Actual Prod. During Test  Oil - Bbls.  84  Oil - Bbls.  84  Oil - Bbls.  84  Oil - Bbls.  84  Oil - Bbls.  Oil - B							Choke Size			
Actual Prod. During Test  Oil - Bbls.  84  Oil - Bbls.  84  Oil - Bbls.  Oil - Bbls	<del>-</del>	_		1 -			3/4"			
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing 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.  Date Approved  ORIGINAL SIGNED BY  By  MIKE WILLIAMS  SUPERVISOR, DISTRICT IN  Title  Title  Title		Oil - Bbls.		<del></del>	4					
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  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  R. C. HOUTCHENS  SR PRODUCTION CLERK  Printed Name  12-18-92  (915) 683-2277  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Totale  OLICONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY  MIKE WILLIAMS  SUPERVISOR, DISTRICT III  Title		84			0		92			
Testing Method (pitot, 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.  Date Approved  ORIGINAL SIGNED BY  By  MIKE WILLIAMS  SUPERVISOR, DISTRICT II  Title  Title  Title  Title										
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.  OIL CONSERVATION DIVISION  DEC 3 U ISSZ  Date Approved  ORIGINAL SIGNED BY  By MIKE WILLIAMS  SUPERVISOR, DISTRICT II  Title  Title  Title  Title  Title	Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
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.  Date Approved  ORIGINAL SIGNED BY By MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title  12-18-92  (915) 683-2277  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY By MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title	Festing Method (pitot, back pr.)	Tubing Pressure (Shu	u-in)	Casing Pressure (Shut-in)			Choke Size			
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.  Date Approved  ORIGINAL SIGNED BY By MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title  12-18-92  (915) 683-2277  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY By MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title	VI ODED ATOD CEDTURO	ATE OF COL	DI LANCE	1			1			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  ORIGINAL SIGNED BY  By MIKE WILLIAMS  SUPERVISOR, DISTRICT II  Printed Name 12-18-92  (915) 683-2277  Title  Title  Title				C	IL CON	SERV	ATION DI	VISION		
Signature R.C. HOUTCHENS SR PRODUCTION CLERK Printed Name 12-18-92  Date Approved ORIGINAL SIGNED BY By MIKE WILLIAMS SUPERVISOR, DISTRICT II Title Title Title	Division have been complied with and		ner a li mai							
Signature R.C. HOUTCHENS SR PRODUCTION CLERK Printed Name 12-18-92  (915) 683-2277  ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title Title	is true and complete to the best of my	knowledge and belief.		Date		J		<b>74.</b>		
Signature R.C. HOUTCHENS SR PRODUCTION CLERK  Printed Name 12-18-92  (915) 683-2277  By MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title Title	W/2 / /Sol	//our			ORIGINAL SIGNED BY					
Printed Name 12-18-92 (915) 683-2277  Title Title Title	Signature		0.00	∥ Ву	RV MIKE WILLIAMS					
12-18-92 (915) 683-2277   Tille	R.C. HOUTCHENS S	Printed Name Title								
Date Telephone No.	12-18-92	(915) 6	83-2277	Title.	······································					
	Date	Tel	lephone No.							

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.