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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

4 4 3 8 1993

DISTRICT III		*****
1000 Rio Braz	os Rd., Aztec, NM	8/410

(, 1 . L. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Energex Company 30-015-27346 Addribo North Pennsylvania, Roswell, NM 88201 505-622-6713 XX Other (Please explain) Reason(s) for Filing (Check proper box) Request testing allowable of 1000 barrels XX Change in Transporter of: New Well for month of July, 1993. Well is being XX Dry Gas Oil Recompletion tested for completion. Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Pool Name, Including Formation Kind of Lease Well No. Lease Name Tecolote State State, Federal or Fee Undesignated Delaware VB-0183-1 Location Feet From The North Line and 1650. 2673' West K Line Feet From The Unit Letter and 4820' from the South line Eddy 28E County , NMPM, Township 215 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate ne of Awhorized Transporter of Oil
Petro Source Partners, Ltd. POBox 1356, Dumas, TX 79029Attn: J Carbajal Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas None designated at this time. When? Twp. Rge. Is gas actually connected? Unit Sec. If well produces oil or liquids, 21-S | 28-E Unknown No give location of tanks. I M 2 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Plug Back Same Res'v Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE . 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Frod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) 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 JUL 1 1993 is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY By\_ Signature MIKE, WILLIAMS

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

Jacki∉ Midkiff

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

Title\_

SUPERVISOR, DISTRICT IT

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.

505-622-6713

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.