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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.	Aztec.	NM	87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	 -	10 1117	11101	OHI OIL	. AND NA	I OTTAL GA		PI No.			
Energex. Company '		505-622-6713						Well API No. 30-015-27346			
Address							1				
100 North Penn,	Roswel	1, NM	8 1	8201							
Reason(s) for Filing (Check proper box)					Oth	et (Please expla	(t út)		_	NOT BE	
New Well		Change in							10/24	193	
Recompletion	Oil	K¥	Dry 0							1	
Change in Operator	Casinghea	ad Gas	Cond	ensate							
change of operator give name							* 1				
nd address of previous operator I. DESCRIPTION OF WELL	AND LE	ASE		ScaNL	JAM D	Laware					
Lease Name		Well No.	Pool	Name, Includi	ng Formation	AMM'UL	Kind	of Lesse	L	ease No.	
Tecolote State	ļ	1	_U	Indesig	nated I	Delawar	e. State,	Federal or Fe	• VB-0	183-1	
Location		<u> </u>									
Unit Letter K	. 26	73'	Feet	From The N	orth Lin	and <u>165</u>	() Fe	et From The	West	Line	
and 4820' from t											
	ip 21s			e ::8E		ИРМ ,	Eddy			County	
II. DESIGNATION OF TRAI	ISPORTE	R OF O	IL A	ND NATU	RAL GAS	, , , ,					
Name of Authorized Transporter of Oil	kx	or Conder	nsale		Address (Giv	e address to wh	tich approved	copy of this	form is to be se	nt)	
Petro Soutce Par		Ltd.			PORo	x 1356,	Dumas,	TX 790	29 Attr	ı:J Carl	
Name of Authorized Transporter of Casis	ighead Gas	kx]		y Gas	Address (Giv	e address to wi	tich approved	copy of this	form is to be se	nt)	
<u> Undesignated - n</u>				tract	1		1 700				
If well produces oil or liquids, jve location of tanks.	Unit	Sec.	Twp.		is gas actuall	y connected?	When	_			
	M	2		S 28E	l no		<u> </u>	<u>known</u>			
this production is commingled with that	: from any oth	ner lease or	pool, (give commingi	ing order num						
V. COMPLETION DATA		(0) *** :		Gas Well	Non W-11	Wada	Dages	Dina Dant	Same Des'	Diff Res'v	
Designate Type of Completion	ı - (X)	Oil Well	' !	Gas Well	New Well	Workover	Deepen	I Flug Back	Same Res'v	pair kes v	
		pl. Ready to	l		Total Depth	<u>!</u>	I	DDTD	L		
Date Spudded 5/4/93	l .	-		•	· '			P.B.T.D.			
		28/93				6285 Top Oil/Gas Pay			6199 ' Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3324 GR		Name of Producing Formation Delaware			4570'			5792'			
Perforations	1 De	lawai	е		14370			Depth Casi			
5718-71, 5879-90	6000	-06	616	.0 64 n	alawara	3		1 '	Ü		
3,10 ,1, 30,7 30						NG RECOR	D	_!			
HOLE SIZE					CEMBRA	DEPTH SET			SACKS CEM	ENT	
24"	20"	CASING & TUBING SIZE		259'			Circ 570 sx ClC				
17-1/2"		13-3/8"		1252!			Circ 670 H/L 200 C				
12-1/4"		1/8"			31.62'			Circ 1170 H/L 200			
7-7/8"		/2"			6285!			200 50/50 POZ			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E		<u> </u>					
OIL WELL (Test must be after	recovery of 1	otal volume	of loa	d oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	75.),	
Date First New Oil Run To Tank	Date of Te		-		Producing M	ethod (Flow, pi	ump, gas lift,	etc.)	Pa	TTV-2	
6/15/93	7/2	8/93			Pump				9:	-3-93	
Length of Test	Tubing Pr	ressure			Casing Press	ure		Choke Size	com	PYKK	
24 hrs					<u> </u>						
Actual Prod. During Test	Oil - Bbls				Water - Bbls	•		Gas- MCF			
	40	l			140			40			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pr	ressure (Shu	it in)		Casing Fress	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COM	PLI/	NCE		~··	10000		D. 401		
I hereby certify that the rules and reg					-	OIL CON	VSERV	AHON	DIVISIO	JN	
Division have been complied with an	d that the info	ormation gi						Auc o	4 1002		
is true and complete to the best of my					Date	Approve	ed	AUG 2	4 1333		
1 1 1/2 5	12. 1	100)			• •		.,,			
a letter b	Wilde	18 7 1			D.,	ORI	GINAL SI	GNED BY	1		
Signature	-	1	0 :-	7 1000	∥ By_	MK	E WILLIA	MS -			
Jackie Midkiff/La	ndman		8 / 1 Title	1/93		SUF		R, DISTRI	CT II		
Printed Name			i ide	•	Title)					
Date		Te	lephon	e 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.