

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Geology, Minerals and Natural Resources Department

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

RECEIVED  
  
OCT 17 '90  
  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, OFFICE

I. Operator  
TRACER ENERGY, INC. ✓  
Well API No.  
Address  
PO BOX 1474, GRAHAM, TEXAS 76046  
Reason(s) for Filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator  
RAY WESTALL - PO BOX 4 LOCO HILLS, NM 88255

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
MOORE COM  
Well No.  
1  
Pool Name, Including Formation  
S. CARLSBAD MORROW  
Kind of Lease STATE  
K-3328  
Location  
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 35 Township 23S Range 26E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
NAVAJO CRUDE OIL PURCHASING  
Address (Give address to which approved copy of this form is to be sent)  
N. FREEMAN AVE ARTESIA, NM 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
LLANO, INC  
Address (Give address to which approved copy of this form is to be sent)  
BOX 1320, HOBBS, NM 88240  
If well produces oil or liquids, give location of tanks.  
Unit G Sec. 35 Twp. 23S Rge. 26E  
Is gas actually connected? YES When? 04-16-75

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
Post ID-3  
10-26-90  
chg op

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 Producing Method (Flow, pump, gas lift, etc.)  
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 Length of Test Bbls. Condensate/MNCF Gravity of Condensate  
Testing Method (pilot, 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.  
Signature  
Linda J. Jaeger  
Printed Name  
LINDA J. JAEGER  
Date  
10-15-90  
Title  
PRODUCTION CLERK  
Telephone No.  
505-677-2370

OIL CONSERVATION DIVISION  
Date Approved  
OCT 19 1990  
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.