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

State of New Mexico
Energy, Minerals and Natural Resou.

Department RECEIVED

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|--|
| Operator Vintage Petroleum, Inc. | | Well API No. 31-015-20950 |
| Address 4200 One Williams Center Tulsa, Oklahoma 74172 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> No Change. Purchasers listed below have Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> been on record. Well has not produced since 2/87. | | |
| If change of operator give name and address of previous operator | | |
| II. DESCRIPTION OF WELL AND LEASE | | |
| Lease Name Allied State | Well No. 1 | Pool Name, Including Formation Carlsbad, S. (Strawn) |
| Location Unit Letter I : 1980 Feet From The South Line and 990 Feet From The East Section 10 Township 23 S Range 26 E , NMPM , Eddy Coun: | Kind of Lease State, Federal or Fee State Lease No. K-4538 | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|---------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading & Transportation Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O Box 1492, El Paso, TX 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit 10 | Sec. 23 S |
| | Twp. 26 E | Rge. Yes |
| | Is gas actually connected? Yes When? 4-28-92 | |
| If this production is commingled with that from any other lease or pool, give commingling order number: N/A | | |

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|----------------------------------|---|------------------------------------|-------------------------------|-----------|------------|----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Re |
| | | X | | | | X | | A |
| Date Spudded 1-27-92 | Date Compl. Ready to Prod. 4-28-92 | Total Depth 11942' | | P.B.T.D. 11575' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3315 KB, 3300 GR | Name of Producing Formation Strawn | Top Oil/Gas Pay 10378' | | Tubing Depth 10490' | | | | |
| Perforations 10552-64 & 10570-74 | | | | Depth Casing Shoe 11935' | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 7 7/8 | CASING & TUBING SIZE 5 1/2" csg 2 3/8" tbg | | DEPTH SET csg: 11935' tbg: 10490' | | SACKS CEMENT 640 sx | | | |
| | | | | | | | | |
| | | | | | | | | |

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 269 | Length of Test 5 hours | Bbls. Condensate/MMCF 15 | Gravity of Condensate 50° |
| Testing Method (pilot, back pr.) Back PR | Tubing Pressure (Shut-in) 4400# | Casing Pressure (Shut-in) 0 | Choke Size 25/64 |

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 **Learn Ogee** Supervisor, Regulatory Affairs
Printed Name
Date **April 30, 1992** Telephone No. **(918) 592-0101**

OIL CONSERVATION DIVISION

Date Approved **MAY 20 1992**

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.