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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

JAN 10 1990

CLSF  
GT  
dp

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

C. C. D.  
ARTESIA, OFFICE

|  |  |                            |
|--|--|----------------------------|
| Operator<br>Pacific Enterprises Oil Company (USA)  |  | Well API No.<br>3001521420 |
| Address<br>P.O. Box 3083, Midland, Texas 79702   |  |                            |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Change in Transporter of:<br>Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Operator Change Effective: 1/1/90 |  |                            |
| If change of operator give name and address of previous operator<br>Pacific Enterprises Royalty Company, P.O. Box 3083, Midland, Texas 79702   |  |                            |

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                    |
|--|---------------|---|--|--------------------|
| Lease Name<br>Bell 3 State Com.  | Well No.<br>1 | Pool Name, Including Formation<br>South Carlsbad-Morrow | Kind of Lease<br>State, <del>Federal</del> State | Lease No.<br>L 953 |
| Location<br>Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line<br>Section <u>3</u> Township <u>24S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County |               |   |  |                    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |           |             |             |                                   |                  |
|---|---|-----------|-------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>None                                       | Address (Give address to which approved copy of this form is to be sent)  |           |             |             |                                   |                  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1492, El Paso, Texas 79999 |           |             |             |                                   |                  |
| If well produces oil or liquids, give location of tanks.  | Unit<br>H   | Sec.<br>3 | Twp.<br>24S | Rge.<br>26E | Is gas actually connected?<br>yes | When?<br>11/1/76 |

If this production is commingled with that from any other lease or pool, give commingling order number:

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<br>Part ID-3<br>1-19-90<br>shg ep name |           |            |            |

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/MMCF                         | 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.

Carl D. Elliott  
Signature  
Carl D. Elliott District Accountant  
Printed Name  
Jan. 2, 1990 (915) 684-3861  
Date Telephone No.

|                           |  |
|---------------------------|--|
| OIL CONSERVATION DIVISION |  |
| Date Approved             | JAN 10 1990  |
| By                        | ORIGINAL SIGNED BY<br>DAVE WILLIAMS<br>SUPERVISOR, DISTRICT II |
| Title                     |  |

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.