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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
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>BISON PETROLEUM CORP.</u>	Well API No. <u>30-D15-22220</u>
Address <u>5809 SOUTH WESTERN, AMARILLO, TEX. 79110-3607</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Completion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LEDDY "GF" STATE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>EMERSON ACHNA</u>	Kind of Lease (State, Federal or Fee) <u>State</u>	Lease No. <u>L-187</u>
Location Unit Letter <u>C</u> : <u>810'</u> Feet From The <u>NORTH</u> Line and <u>1980'</u> Feet From The <u>WEST</u> Line Section <u>16</u> Township <u>23 S</u> Range <u>27 E</u> , NMEN, <u>LEDDY</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"/> <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384 JWL, ALAM, 88252</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384 JWL, ALAM, 88252</u>					
Well produces oil or liquids, or location of tanks.	Unit <u>C</u>	Sec. <u>16</u>	Twp. <u>23 S</u>	Rge. <u>27 E</u>	Is gas actually connected? <u>Yes</u>	When? <u>2-3-78 5-16-90</u>
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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <u>8-5-77</u>	Date Compl. Ready to Prod. <u>5-16-90</u>		Total Depth <u>12,269'</u>		P.B.T.D. <u>10,490'</u>			
Measurements (DF, RKB, RT, GR, etc.) <u>3410' GL</u>	Name of Producing Formation <u>ATCHNA</u>		Top Oil Gas Pay <u>10,932'</u>		Tubing Depth <u>10,734'</u>			
Measurements <u>10,932' - 10,942' 10 Holes</u>			Depth Casing Shoe					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20'</u>	<u>16"</u>	<u>3,99'</u>	<u>430 SX - CIRC</u>
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>2,000'</u>	<u>1300 SX - TSITOC 840'</u>
<u>9 5/8"</u>	<u>7 7/8"</u>	<u>8,920'</u>	<u>800 SX - TSITOC 4310'</u>
<u>6 1/2"</u>	<u>5" LINCOLN</u>	<u>10,932' - 12,267'</u>	<u>650 SX - CIRC</u>

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.) <u>Part ID-2</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>6-8-90</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>comp. A20</u>

VI. GAS WELL

Actual Prod. Test - MCF/D <u>582</u>	Length of Test <u>24</u>	Bbls. Condensate MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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 Davis White
Printed Name DAVIS WHITE AGENT
Date 5-22-90 Title 915-563 0099
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 31 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 111.

- 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 re-completed wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well number, transporter, or other such changes.
- 4) Separate Form C-104 is required for...