

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 30D, Artesia, NM 88210

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
See Instructions
at Bottom of Page

RECEIVED

AUG 15 '94

C. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Texas Independent Exploration, Inc. | Well API No. DISTRICT II OFFICE 30-015-22545 |
| Address 1600 Smith, Suite 3800 Houston, Texas 77002 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|--------------------|
| Lease Name Mobil 21 State | Well No. 2 | Pool Name, Including Formation South Carlsbad Atoka 73800 | Kind of Lease State, Federal or Fee | Lease No. L-490 |
| Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 21 Township 23S Range 27E, NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|-------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Llano | 921 W. Sangar Hobbs, NM 88240 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twsp. | Rge. | Is gas actually connected? | When? |
| | | | | | yes | 7/29/94 |

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 |
| | | X | | | | X | | X |
| Date Spudded 6/10/78 | Date Compl. Ready to Prod. 7/29/94 | | Total Depth 12,297' | | | P.B.T.D. CIBP @ 11,420' | | |
| Elevations (DF, RKB, RT, GR, etc.) 3162.4' GL | Name of Producing Formation S. Carlsbad Atoka | | Top Oil/Gas Pay 11,309' | | | Tubing Depth 11,208' | | |
| Perforations 11,309 | | | | Depth Casing Shoe | | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|------------|-----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2" | 13-3/8" | 365' KB | 400 sx C1 C w/2% CaCl |
| 12-1/4" | 9-5/8" | 5,540' RTM | 1960 sx in 2 stages |
| 8-3/4" | 5-1/2" | 12,267' KB | 1100 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.)

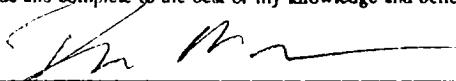
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|--|------------------------------------|---------------------------------|------------------------------|
| Actual Prod. Test - MCF/D 42 | Length of Test 24 | Bbls. Condensate/MMCF 0 | Gravity of Condensate N/A |
| Testing Method (pilot, back pr.) back pr. | Tubing Pressure (Shut-in) 3000# | Casing Pressure (Shut-in) 0# | Choke Size 10 |

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 
Printed Name David M. Madden Engineer
Date 8/10/94 713 751-0419 Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

SUPERVISOR. DISTRICT II

OCT 5 1994

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.