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Appropriate District Office
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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator <u>LENTINI FEDERAL COMPANY</u>	Well API No. <u>30 - 015-23722</u>
Address <u>PO BOX 2436 ABILENE TEXAS 79604</u>	
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE <u>October 30, 1992</u>	
If chance of operator give name and address of previous operator <u>Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lentini Federal Com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Loving North Morrow</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location				
Unit Letter <u>K</u>	: <u>2010</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line			
Section <u>09</u>	Township <u>23S</u>	Range <u>28E</u>	NMPM.	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Pride Pipeline Company</u>	<u>P. O. Box 2436, Abilene, TX 79604</u>					
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)					
<u>El Paso Natural Gas</u>	<u>P. O. Box 1492, El Paso, TX 79999</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					<u>Yes</u>	<u>Unknown</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	Gas Well	New Well	Workover	Deepen	Plugback	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			
Peforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 <u>1-15-93</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>4400</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	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 Roy R. Johnson
Printed Name Roy R. Johnson Sr. Asst.
Date 12/22/92 Telephone No. (915) 682-7316

OIL CONSERVATION DIVISION

Date Approved JAN 11 1992

By ORIGINAL SIGNED BY

Title MIKE WILLIAMS
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.

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