

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

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

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

State of New Mexico  
Department of Conservation, Minerals and Natural Resources

OIL CONSERVATION DIVISION

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

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

SEP 12 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Geodyne Operating Company Well API No. 30 015 23898  
Address 320 S. Boston Ave, The Mezzanine, Tulsa, OK 74103-3708  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐ Effective 9/1/90  
Change in Operator ☒ Effective 9/1/90  
If change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Smith 11 Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Black River Morrow</u>	Kind of Lease <u>FEE</u> State, Federal or Fee	Lease No.
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line Section <u>11</u> Township <u>24S</u> Range <u>27E</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 checked="" type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Illano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 1320, Hobbs, NM 88240</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>11</u>	Twp. <u>24S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u>	When? <u>2/15/82</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	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
			<u>Part ID-3</u>
			<u>9-21-90</u>
			<u>chgy op</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.)	
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 (puot, 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.

Steven R. Hash  
Signature  
Steven R. Hash  
Printed Name  
VP Operations  
Title  
8/30/90  
Date  
918/583-5525  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 18 1990

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.