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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

2804499
State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

DEC 16 1991

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|--|-------------------------------------|---------------------------|--|
| Operator | R. E. HIBBERT ✓ | Well API No. | 30-015-25986 |
| Address 811 Rusk Ste. 1500 Houston, Texas 77002 | | | |
| Reason(s) for Filing (Check proper box) | | | |
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | <input checked="" type="checkbox"/> Other (Please explain) |
| Recompletion | <input 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"/> |
| Put Shut in Well on line | | | |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|-------------|------------------------------|----------|------|--------------------------------|----------------------|---------------|--------------|---------------|---------|
| Lease Name | Ridge State R. E. HIBBERT | Well No. | 1 | Pool Name, Including Formation | Monkey Canyon Strawn | Kind of Lease | State XXXXXX | Lease No. | LC-5752 |
| Location | | | | | | | | | |
| Unit Letter | C | : | 360 | Feet From The | North | Line and | 1980 | Feet From The | West |
| Section | 17 | Township | 24-S | Range | 25-E | NMPM, | EDDY | County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|--|------|------|----------------------------|--------------|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Navajo Refining Co. | | Box 159 Artesia, New Mexico 88210 | | | | |
| 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) | | | | |
| Transwestern Pipeline Co. | | Box 1188 Houston, Texas 77001 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| Same | | | | | Yes | Dec. 1, 1991 |

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 | Half Res'v |
| | | XX | XX | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | |
| 9-25-88 | 2-4-89 | 11,415 ft. | | 10,095 ft. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | |
| 4225 ft kb | STRAWN | 10,020 ft. | | 9,986 ft. | | | | |
| Perforations | | | | Depth Casing Shoe | | | | |
| | | | | 10,095 ft. ✓ | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17½ | 13 3/8 54.50# | | 427 ft. | | 425sx of lite | | | |
| 12½ | 8 5/8 32.00# | | 2820 ft. | | 900sx "A", 250sx "C" | | | |
| 7 7/8 | 4 1/2 11.60# | | 10095 ft. | | 100sx lite, 200sx "H" | | | |

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 |
| 312 MCF | 4 Hrs. | --- | --- |
| Testing Method (pool, back pr.) | Tubing Pressure (Shut in) | Casing Pressure (Shut in) | Choke Size |
| Multi-back Pressure | 1917# | --- | 4/64" |

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 Robert B. Hooper Jr.
Printed Name Robert B. Hooper Jr. Title 713-224-2641
Date 12-9-91 Telephone No. 713-224-2641

OIL CONSERVATION DIVISION

Date Approved DEC 19 1991

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.