Submit 5 Copies
Appropriate Listing Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

MECRIVED

keysed 1-1-89 See Instructions at Bottom of Page

UIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 1 6 1993

1000 kio Brazos Rd., Aziec, NM 87410	REOL	IEST FOR	R ALLOWAE	BLE AND	AUTHORIZ		1.D.	ת ו	1 1 00	
I.			SPORT OIL			IS		ctive 7	1193	
Operator MID-CONTINENT ENERGY, INC.							Well API No. 30-015-26471			
Address 401 S. Boston, Suite		Tulea (0klahoma 7	7/103_/0	71	<u> </u>			######################################	
Reason(s) for Filing (Check proper box)	3400	Tursa, C	oktanoma /		r (Piease expla	in)				
New Well		Change in Tr	ansporter of:		•	•				
Recompletion	Oil	<u></u> □ Þ₁	ry Gas	Poo1	redesign	nation				
Change in Operator	Casinghead	Gas Co	ondensate							
If change of operator give name and address of previous operator									·	
II. DESCRIPTION OF WELL AND LEASE										
Lease Name Witt		1	ol Name, Includi ast Lovir		y Canyon		of Lease Federal or Fed		ease No.	
Location							· · · · · · · · · · · · · · · · · · ·			
Unit Letter H	:206	<u>0</u> Fe	et From The	lorth Lin	and <u>800</u>) Fe	et From The	East	Line	
Section 15 Township	235	Ra	inge 28E	, N	мем, Edo	ly	 		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		1	e address to wh					
Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P.O. Drawer 2948, Midland, TX 79702					
El Paso Nat.				Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. Tv 15 2	vp. Rge. 23 28	Is gas actually	y connected?	When	11-12-9	0		
If this production is commingled with that i	from any other	er lease or poo	l, give commingl	ing order numi	ber.					
IV. COMPLETION DATA		louve n	1 6 311	1 51 5010				1	· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	- (X) ·	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	od.	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		
	т	IIRING C	ASING AND	CEMENTI	NG PECOPI		<u> </u>	·····		
HOLE SIZE CASING				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
Note Office	- One		1.	DEF ITTOE!			OHORO CEMENT			
V. TEST DATA AND REQUES	TEODA	HOWAR	1 E		*					
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	·s.)	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
			· · · · · · · · · · · · · · · · · · ·			 	<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	77 	· · · · · · · · · · · · · · · · · · ·		The Company	A 0.70		10 - 10			
Actual Prod. 1est - MCP/D	Length of T	esi		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE				·			
I hereby certify that the rules and regula	tions of the	Oil Conservati	on ·]] (DIL CON	SERV	NOITA	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						All	6 2 0 19	93		
is true and complete, to the best of my k	nomicatic m	u DCIICI.		Date	Approved	<u>ـــــــ</u> لـــــــ	13			
(125 h	lan	~~]]						
Signature	100			By_	·					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(918) 587-6363 Title

Signatur Jack E. Harris, Production Engineer

Printed Name

8-13-93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.