Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III POO Rio Brazos Rd., Aztec, NM 87410 I. Operator Energex Company Address 100 North Penn Roswi Reason(s) for Filing (Check proper box) New Well	REQUIT T	DIL C Sa EST FO O TRA	Vineral CONS Inta Fe OR AL NSPO 201	s and Nati SER VA P.O. Bo New Mo LLOWAE ORT OIL		DIVISIO 04-2088 AUTHOR TURAL G	DN AS Well 7 3		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page 7614		
Recompletion	Oil Casinghead		Dry Ga Conden				f Octobe 02-6231.	r 1993.			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE				<u> </u>					
Lesse Name Milano State					ng Formation		1 · · · · ·	of Lease Federal or Fee	Lease No.		
			W7	C Dela	aware	<u></u>			V-4137		
Unit LetterH	. 2110)	. Feet Fr	om The	north Lin	e and89	<u> </u>	et From The	east Lin		
Section 36 Townshi	n 24s		Range	28e	NI	MPM,	F	ddy	County		
	223		Kange	200				uuy	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		COF O	*	D NATU		address to u	hick approved	copy of this for	m is to be sent)		
Navajo Refining Co					-				88210-159		
Name of Authorized Transporter of Casing				Address (Give address to which appro			oved copy of this form is to be sent)				
n/a at this time If well produces oil or liquids,	Unit 1	Sec.	Twp.	Rge.	la gas actuali	y connected?	When	?			
give location of tanks.	<u>н</u>	36	245	28e	no		İ	asap			
If this production is commingled with that I IV. COMPLETION DATA	from any othe	r lease or	pool, giv	ve comming!	ing order num	ber:	<u></u>				
\sim	~~~~~	Oil Well		Gas Well	New Well	Workover	Dcepen	Plug Back S	ame Res'v Diff Res'v		
Designate Type of Completion	- (A)	Ready to			Total Depth	l	<u> </u>	P.B.T.D.	X		
10/01/93	10/26/93				6492'			6443.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth 5964 '			
2915 GR Perforationa	Brushy Canyon(Delaware)				6002'			Depth Casing Shoe			
6002-08, 6209-18, 6	222-31						D. Strategy	6490	· · ·		
HOLE SIZE	CASING & TUBING SIZE				CEMENTING RECORD			SACKS CEMENT			
171		13-3×8"				566			275 H/L + 200 C		
	8-5/8				<u>2540'</u> 6490'			850 H/L	<u>+ 200 C</u>		
7-7/8"											
V. TEST DATA AND REQUE OIL WELL (Test must be after i	ST FOR A	LLOW	ABLE		the equal to a	r exceed ton a	lowable for th	is depth or be fo	r full 24 hours.)		
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Tes				Producing M	kethod (Flow,	oump, gas lift,	eic.)	<u> </u>		
10/26/93	10/26/93			swab Casing Pressure			Choke Size				
Length of Test 12 hours	Tubing Presente				pkr			-			
Actual Prod. During Test	Øil - Bbls.				Water - Bbla.			Gas- MCF			
15 ¹ / ₂	3 ¹ / ₂					12	<u> </u>		<u>[M</u>		
GAS WELL					IDUL Conto			Gravity of Co	Adaptate		
Actual Prod. Test - MEF/D	Length of Test				Bbis. Condensate/MMCF						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
		COM		NCE	-\			<u></u>			
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.					OIL CONSERVATION DIVISION Date Approved						
Williams Hon	~~~~				By_	0	RIGINALIS	IGNED BY			
Signature William R. Hansen Agent Printed Name Title					MIKE WILLIAMS TitleSUPERVISOR_DISTRICT !!						
10/29/93 Date		<u> </u>	2 <u>-47</u> lephone	7.2 No.			/ 				
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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 accorda with Rule 111.

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