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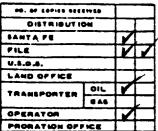
JAN 6 1986

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

O. C. D. ARTESIA, OFFICE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply



OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

Production Superintendent (Title) January 3, 1985 well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner	AUTHORIZATION TO TRANSP	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Note Name of Authorised Transporter of Condenses Section 27 Township 26S Range 29E Name of Authorised Transporter of Condenses Name of Autho	Operator								
1800 Wilco Bldg. Midland, Texas 79701									
New West Change in Change in Transporter of: Other (Please explain) Test allowable of 1000 bbls for January, 1986. Delaware Sand formation. Top perf 1986. Del	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9701 ⁻							
New Wall Change of Condensate Condensate Condensate Dry Gas Dry									
Descention Dry Gas 1986. Delaware Sand formation. Top perf Condense 1986. Delaware Sand formation. Top perf 1986. Delaware		Test allowable of 1000 bbls for January.							
II. DESCRIPTION OF WELL AND LEASE Lease Name	Recompletion Oil Dry								
II. DESCRIPTION OF WELL AND LEASE Lease Name Pecos Federal 4 Brushy Draw Delaware Store, Federal or Fee Federal NM58034 Lease Name Pecos Federal 2.160 Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line of Section 27 Township 265 Range 29E NMPM, Eddy Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Koch 011 Company P.O. Box 2256 Michita, Kansas 67201 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids. Unit Sec. Twp. Rige. Is gas actually connected? When the first of the complete with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reserve side if necessary. VI. CERTIFICATE OF COMPLIANCE I this production is commingled with that from any other lease or pool, give commingling order number: OIL CONSERVATION DIVISION APPROVED JAN 2.3 1986 , 19 Production Superintendent Title Supervisor District II This form is to be filled in compliance with RULE 1104. All sections of this form must be accompanied by a tabulation of the deviation counts taken on the well is accompanied by a tabulation of the deviation counts taken on the well as accompanied with RULE 111. All sections of this form must be accompanied by a tabulation of the deviation counts taken on the well is accordance with RULE 111. All sections of this form must be accompanied by a tabulation of the deviation counts taken on the well is accordance with RULE 111. All sections of this form suct be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.	Change in Ownership Casinghead Gas Co.	ndensate 4883', bottom 4964' (39 holes).							
Lease Name									
Pecos Federal 4 Brushy Draw Delaware State, Federal of Fee Federal NM58034 Location 2180 Feet From The West Line and 660 Feet From The South Line of Section 27 Township 265 Range 29E NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Grandpand Gos or Dry Gas Address (Give address to which approved copy of this form is to be sent) Koch 011 Company Name of Authorized Transporter of Casinghead Gos or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or figures. N 27 26s 29E If this production of tonks. N 27 26s 29E No February, 1986 If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE Ihereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Original Signed By Les A. Clements Supervisor Disvicin II This form is to be filed in compliance with RULE 1104. BY Original Signed By Les A. Clements Supervisor Disvicin II This form is to be filed in compliance with RULE 1104. All sections of this forms anut be fillied out completely for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation test taken on the well is accordance with RULE 1104. All sections of this forms suut be fillied out completely for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation test taken on the well is accordance with RULE 111. All sections of this forms and recompleted wells. Fill out only Sections E. II. III, and VI for changes of owner.	II. DESCRIPTION OF WELL AND LEASE								
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The second of th	(Title)								
	January 3, 1985	Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of condition							

completed wells.

Designate Type of Completi	on - (X)	OII Well	Gas Well	New Well	Morkover	Deepen	Plug Back	Same Restv.	Diff. Res'	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Gas Pay			Tubing Depth			
Perforations			<u> </u>	· <u>·</u>	 	Depth Casing Shoe				
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	Ď			-	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				,						
· · · · · · · · · · · · · · · · · · ·	1		·							
V. TEST DATA AND REQUEST OIL WELL	FOR ALLO	WABLE (Test must be a able for this d	after recovery epth or be for	of total volu full 24 hows	me of load oi	l and must be a	qual to or exc	eed top allo	
Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oii-Bhis.			Water - Bbis.			Gas - MCF			
GAS WELL				-J <u> </u>			<u>.</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test-MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	sowe (Sbut	-is)	Casing Pre	sawe (Shat-	-in)	Choke Size	· · · · · · · · · · · · · · · · · · ·	·	

IV. COMPLETION DATA