

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Texas Rose Petroleum, Inc.

Address  
16970 Dallas Parkway, Suite #702, Dallas, Texas 75248

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name El Poso Ranch	Well No. 3	Pool Name, including Formation WC Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>N</u> : <u>967</u> Feet From The <u>FSL</u> Line and <u>2148</u> Feet From The <u>WEST</u> Line of Section <u>11</u> Township <u>28N</u> Range <u>1E</u> , NMPM, Rio Arriba 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"/> GARY Energy Co	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Bloomfield N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>4</u> Twp. <u>28N</u> Rge. <u>1E</u>	Is gas actually connected? <u>N/A</u> When <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)  
Chairman  
(Title)  
4/25/85  
(Date)

OIL CONSERVATION DIVISION  
5-2-85  
APPROVED MAY 2 - 1985  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened 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, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 10-26-84	Date Compl. Ready to Prod. Dec 23, 1984	Total Depth 1710				P.B.T.D. 1614			
Elevations (DF, RKB, RT, GR, etc.) 7248 GL	Name of Producing Formation <del>Greenhorn</del> Greenhorn	Top Oil/Gas Pay 1496				Tubing Depth 1614			
Perforations 1 per. every 4 feet 1496-1540						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6 1/4		4 1/2		1710		225 CS			
		2 3/8		1614					
9 7/8		7 1/2		300		59 CS			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 12-28-84	Date of Test 12-23-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 2013	Casing Pressure 450	Choke Size none
Actual Prod. During Test 24	Oil - Bbls. 14	Water - Bbls. 10	Gas - MCF TSTM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size