## Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ne stor							Well API No.				
Louis Dreyfus Natural Gas Corp.					30-045-28296						
Louis Dreyius Natural	Gas Gorp	<u> </u>							į		
14000 Quail Springs Pa	arkwav. S	uite 60	<u>0 - Okla</u> h	oma City	, OK 73	134					
eason(s) for Filing (Check proper box)	11 KWay. U	<u>u100 00</u>				•	2				
lew Well	a	hange in Tra	nsporter of:	4	per t	1.	Colors				
Lecompletion	Oil	Dr.	/Gas └─	6	Jew. C	nexy					
hange in Operator X	Casinghead (		ndenmte 🔲								
change of operator give name	AIR Energ	v Compa	ny - 162	5 Broadw	vay - Den	ver, CO	80202				
			,								
I. DESCRIPTION OF WELL	DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Include					Kind	Kind of Lease		Lease No.		
Lease Name	72 B	asin Frui	<b>tland</b> Co	na1	State,	Federal or Fee	SF-07	SF-078895			
Mudge A		/2 1 1	asin fidi	Cland oc					· · · · · · · · · · · · · · · · · · ·		
Location	1050		et From The S	outh	99	0 =	et From The _	West	Line		
Unit LetterL	_ :1850	Fe	et From The	Outil Lis	e and	<u> </u>	et Floid The _				
Section 7 Townsh	in 27N	Rı	inge 1	1W .N	MPM,	San Ju	an		County		
Section 7 Townsh	271										
II. DESIGNATION OF TRAI	NSPORTER	OF OIL	AND NATU	RAL GAS				·			
hinne of Authorized Transporter of Oil		r Condensat		Git	ve address to wi	uch approved	copy of thus jo	rm is 10 be se	ru j		
Name of Authorized 11 Casi	oghead of	Cor Cor	Dry Gas 🔀	· ·	ve address to w	nich approved	copy of this jo	rm is to be se ??>78	nz)		
						When					
If well produces oil or lim	Unit	Unit Twp. Rge.			Is gas actually connected? Who			ш			
DAR N	_  -			<u></u>							
( this production is commingled with the	t from any other	ricase or por	M, Blac containing	HTE OLGER BON							
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		l Men	1		i.	i	1		<u> </u>		
Date Spudded		. Ready to P	rod.	Total Depth			P.B.T.D.				
Date Speaker		-									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
							1	Depth Casing Shoe			
Perforations							Depth Casin	g Shoe			
							<u> </u>				
	T	UBING, C	ASING AND	CEMENT				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
				<u> </u>							
				ļ							
	FOT FOR	T T ( ) 1 / A	01 E	.l							
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR A	LLUWA	DLE Lord oil and mu	n he equal to	or exceed top a	lowable for t	his depth or be	for full 24 ho	ers.)		
OIL WELL (Test must be afte			1002 04 4/12 //12	Producing	Method (Flow. )	oump, gas lýl	etc F		VEIN		
Date First New Oil Run To Tank	Date of Tes	1			, ,		11/1 (2	<b>9 85 0</b>			
Least of Total	Tubing Pre	terr		Casing Pre	STURE		Cilon Size		10 <b>2</b>		
Length of Test	I uoing Fie	BALIC				_		07 21	992.		
Actual Prod. During Test	Oil - Bbls.	Oil - Rhie			Water - Bbls.			Gat MCF CON. DIV.			
Actual Front During Test	Oil - Boile				_		116				
								DIST.	3		
GAS WELL	Length of	Test		Bbls. Conc	iensaie/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length Of	1 CRI									
Testing Method (nitet, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	Choke Size			
Testing Method (pitot, back pr.)	I doing Fit	mile (Silva	<b></b> ,								
			LANCE	-ir							
VI. OPERATOR CERTIF	ICATE OF	COMP	LIANCE	<u> </u>	OIL CC	NSER'	VATION	DIVISI	ON		
I hereby certify that the rules and re Division have been complied with	egulations of the	rmation give	auon n above								
is true and complete to the best of	my knowledge a	nd belief.		Da	ate Approv	nad	NOV	- 21992	<u> </u>		
\	ب ۱	_		De	re whhio			A			
Vannie T. drawi					By Bir Shand						
Signature	<del></del>			Ву							
•		Vice P	resident			S	UPERVISO	R DISTR	ICT #8		
Printed Name Ontohor 16 1002		(105)	Tide 749-1300	Tit	le						
October 16, 1992			/49-1300 phone No.	·							

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. randes o removar la colata de auditer dancario, e su o cua cuanges





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