Submit 5 Copies
Appropriate District C-fice
DISTRICT 1
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 Instruction at Bottom of Page

DISTRICT II P.O. Drawer DD, Arte-sia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

| 1000 RIO BIZZOS RIL, | -2260, NW 87410 | | | | | | AUTHORI | | | | | |
|---|--|---|---------------|----------------|---------------|---------------------------|---|--------------------------|---------------------------|-----------------------|-------------|--|
| I. Operator | | | IOTRA | MSP | ORTOI | _ AND NA | TURAL G | _ | API No. | | | |
| | n Texas Pet | roleum | Corp. | | | | | Wen 2 | 1110. | | 4 | |
| Address | <u> cxuo / co</u> | - CTCGIII | <u>001 pt</u> | | | | | <u>·</u> | | | | |
| Reason(s) for Filing (| Box 2120 | Houst | on, IX | | 252-212 | 0 | ret (Please expi | (-i-) | | | | |
| New Well | neck proper box) | | Change in | Transp | orter of: | | er (riease expi | aur) | | | | |
| Recompletion | | Oil | | Dry G | as 🗓 | | | | | | | |
| Change in Operator | | Casinghea | d Gas | Conde | nsate | | | | | | | |
| and address of previou | | | | | | | | | | | | |
| II. DESCRIPTI | ON OF WELL | AND LE | | | | | | | | | | |
| Lease Name | | Well No. Pool Name, Includi | | | | Crata | | | of Lease Federal or Fe | Endami on Esa | | |
| Zach Location | <u>ry</u> | _, | 13 | ! AZ | tec Pic | tured C | Litts | | | SF0 | 80724 | |
| Unit Letter | N | _ : <u>1</u> | 100 | Feet F | rom The _S | outh Lie | ne and145 | 50 F | et From The | West | Line | |
| | 22 | | | | | | | | | _ | | |
| Section | 33 Township | <u>29N</u> | | Range | 1.05 | , N | МРМ, | San Ju | an | | County | |
| III. DESIGNAT | | SPORTE | | | D NATU | | | | | | | |
| Name of Authorized | Transporter of Oil | | or Condex | sale | | Address (Gi | ve address to w | hich approved | copy of this j | form is to be s | eni) | |
| Name of Authorized | ransporter of Casing | chead Gas | | or Dry | Gas X | Address (Gi | ve adáress so w | hich approved | copy of this | form is to be s | ent) | |
| | <u>n Texas Pet</u> | | | orp. P.O. Bo | | | 3ox 2120 |) Houston, TX 77252-2120 | | | | |
| If well produces oil of give location of tanks. | r liquids, | Unit | Sec. | Twp. | Rge. | is gas actual | iy connected? | When | ? | | | |
| If this production is or | mmingled with that i | from any oti | er lease or | pool, gi | ve comming | ling order num | nber: | | <u> </u> | | | |
| IV. COMPLET | ON DATA | | _, | | | · | | | | | | |
| Designate Type | of Completion | - (X) | Oil Well | 1 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res v | |
| Date Spudded | | Date Com | pi. Ready to | Prod. | | Total Depth | <u> </u> | _L | P.B.T.D. | i | | |
| TI COE DED | PT CD | N: | | | | Top Oil/Gas | Day | | <u> </u> | | | |
| Elevations (DF, KKB) | rations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | | | | Tubing Depth | | |
| Perforations | | - | | | | | | | Depth Casing Shoe | | | |
| | WIDDIO CLODIC CO | | | | | CEL CENTRIC DECORD | | | | | | |
| HOLE | SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | CEMENT | DEPTH SET | | : | SACKS CEMENT | | |
| | | | | | | | 52, ,,,,,,, | | | | | |
| | | + | | | | <u>:</u> | | | · | | | |
| | | | | | | | | | | | | |
| V. TEST DATA | _ | | | | | | | | | | | |
| OIL WELL Date First New Oil R | Test must be after recovery of total volume of load oil and must il Rin To Tank Date of Test | | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| Date I ha I ke w Oh K | | Date of Year | | | | i rozzony i | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| Length of Test | | Tubing Pressure | | | | Casing Press | sure | | Choke Size | | | |
| Actual Prod. During | ring est Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | - | | |
| | | | • | | | | | | 1 | | | |
| GAS WELL | | | | | | | | | + | Quinter, | | |
| Actual Prod. Test - N | CF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of | Gravity of Condeducte | | |
| Testing Method (pitos | back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | Choke Size | | |
| | | | | | | | | | İ | | | |
| VI. OPERATO | R CERTIFIC | ATE OF | COMI | PLIA | NCE | | | NCEDV | ATION | DIVICIO | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | | OIL CONSERVATION DIVISION NOV 1 5 1989 | | | | | |
| | to the best of my i | | | | | Dat | e Approve | | MOA 1 9 | 1303 | | |
| 1/1 | 111. | his | 4 | | | | - Applove | | \ \ \ \ \ |) / | | |
| Signature | uy | M | | | | ∥ By_ | | | <u>), e</u> | | | |
| Ken | E. White | Reg. | <u>Permit</u> | | rd. | | | SUPER | VISOR DI | STRICT | #3 | |
| Printed Name | ,3-89 | /71 | 31_968 | Title - 365 | Л | Title |) | | | | | |
| Date | , ,,−03 | (/ 1 | | ephone | | | | | | | | |

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.
- 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.