State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: ENERGY

Address: P.E. COLORADO 802

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well No. | Pool Name, Including Formation | Kind of Lease: State, Federal or Fee | Lease No.

Unit Letter | Feet From The | North/South Line | Feet From The | East/West Line

Section | Township | Range | County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] | Address (Give address to which approved copy of this form is to be sent)

Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When

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

## COMPLETION DATA

| | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| Type of Completion (X) | | | | | | | | |

Date Compl. Ready to Prod. | Total Depth | P.B.T.D.

Name of Producing Formation | Top Oil/Gas Pay

Perforations

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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 a full 24 hours)

Date of Test | Producing Method (Flow, pump, gas lift, etc.)

Tubing Pressure | Casing Pressure

Oil - Bbls. | Water - Bbls.

Length of Test | Gas - MCF

Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size

## 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.

Signature | Title

Date | Telephone

## OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: 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 for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.