STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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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

| Designation of filing (Check proper box) New Well | PERATOR | | | | | | ND | | | |
|--|-------------------------------|-------------------|-------------------------|-------------|--|--------------|--|--|-----------------------------|--|
| Services of the company Compan | PORATION OFFICE | | AU | THOR | ZATION TO | TRANS | PORT OIL AND NATU | JRAL GAS 🏽 💋 | Ba- | |
| enneco Oil Company Contest Periwarang direase O. Box 3249, Englewood, CO 80155 New Well Change In Transporter oil Dry Gas Condensate Cond | perator | | | | | | | /ñſ | us Korp | |
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| Description District Distri | | , Englew | ood, C | O 80 | 155 | | | QII | SEP 06 198 | 35 |
| New Well Recompletion | eason(s) for filing (Check p. | oper box) | | | | | Other (Please | explain) | COAL | 0 |
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| Casinghead Gas Condensate Well Name | 1 | | ransporter | O1. | D | 3.00 | | | -131. 3 | ν, |
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| tradige LS 21 Basin Dakota State, Federal or Fee SF 0788 1795 N Line and 1470 Feet From The Line and NMPM, San Juan C DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS The oil Authorized Transporter of Claim or Condensate X 1 Paso Natural Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 The condition of tanks SEP (Septime) CERTIFICATE OF COMPLIANCE The complete Parts IV and V on reverse side if necessary. CERTIFICATE OF COMPLIANCE This form is to be filled in compliance with RULE 104. If this is a request for allowable for a newly drilled or deepened well, this form must be panied by a tabulation of the deviation tests taken on the well in accordance with RULE 1 All sections of this form must be filled out completely for allowable on new and recomplete All sections of this form must be filled out completely for allowable on new and recompletely a fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III, and VI for changes of owner, well name and or number, or the fill out only Section I.B. III. and VI for changes of owner, well name and or number, or the fill out only Section I.B. III. and VI for changes of owner, well | | WELL AND | | -11 81- | I Davidson in | | | | | |
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| | . Regulatory | /1 | | | | | All sections of this form | | | and recompleted wall |
| Separate Forms C-104 must be filed for each pool in multiply completed wells. | . Regulatory | \$EP " | 1 ^(1/e) 1985 | | | | All sections of this form | III, and VI for changes of ow | | and recompleted wall |
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Form C-104 Revised 10-01-73 Format 06-01-83 Page 2 Choke Size

| Length of Test | Bbls. Condens | ate/MMCF | | Gravity of Cond | ensate |
|---------------------|------------------|--|---|--|--|
| | | | | | |
| | | | | | |
| Oil - Bbls. | Water - Bbls. | | | Gas - MCF | |
| Tubing Pressure | Casing Pressur | 9 | | Choke Size | |
| Date of Test | Producing Metho | od (Flow. pump. ga | ss lift, etc.) | | |
| OR ALLOWABLE OIL WE | | | beol to amuloy le | nbə əq ısnw pue liq | al to or exceed top allowab |
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| CASING & TUBING | | Tas HT9a0 | _ | | |
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| L_ | | | | Depth Casing S | 90. |
| L_ | | G RECORD | | Magne Depth | 906 |
| тивіме, с | ИС, АИР СЕМЕИТІИ | G RECORD | | | 901 |
| | Tubing Pressure | Tubing Pressure Tubing Pressure Tubing Pressure Tubing Pressure | OH ALLOWABLE OIL WELL depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, g., Tubing Pressure | OH ALLOWABLE OIL WELL depth or be for full 24 hours) Date of Test Tubing Pressure Casing Pressure | Date of Test Tubing Pressure Casing Pressure Choke Size |

Tubing Presssure (Shut-in)

Testing Method (pilot, back pt.)

Casing Pressure (Shut-in)