

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Esperanza Energy Corporation	
Address 17400 Dallas Parkway, Suite 210, Dallas, Texas 75252	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>
Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Marshall Federal	Well No. 2	Pool Name, including Formation Querecho Plains, Queen Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter <u>PM</u> : 990 Feet From The <u>South</u> Line and 990 Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>18 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88120	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.		
Unit P	Sec. 23	Twp. 18S
Rge. 32E	Is gas actually connected? <u>No</u> When	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-23-81	Date Compl. Ready to Prod. 6-7-82		Total Depth 4293		P.B.T.D. 4241			
Elevations (DF, RKB, RT, GR, etc.) GR: 3767- DF: 3778- KB: 3779	Name of Producing Formation Queen		Top Oil/Gas Pay 3897		Tubing Depth 3880			
Perforations 3906-08-12-14-16-18-25-27-31-4106-07-08-09-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60 KB					Depth Casing Shoe 4241			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		379		350			
7-7/8"	4-1/2"		4285		860			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 6-4-82	Date of Test 6-7-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 28 PSI	Casing Pressure 28 PSI	Choke Size N/A
Actual Prod. During Test 1800 18 BBL	Oil - Bbls. 1800 18 BBL	Water - Bbls. 0	Gas - MCF 34 MCFD

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Production Engineer
(Title)
July 1, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1982, 19_____
BY _____
TITLE _____

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.