

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

MAR 29 1993

O. C. D.  
OFFICE OF OIL CONSERVATION

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

Operator <b>Heartland Energy Corp.</b>		Well API No. <b>30-015-23672</b> <del>23807</del>
Address <b>156 Mariner's Way Fairfield, CT 06430</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator <b>ALPINE PETROLEUM CORP., c/o THE ALPINE GROUP, INC., 3 UNIV. PLAZA HACKENSACK, NJ 07601</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Sun Texas State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Undes (Abo) Gas</b>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <b>V-2623</b>
Location Unit Letter _____ : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>24</b> Township <b>18S</b> Range <b>21E</b> , NMPM, <b>EDDY</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>ENRON/NORTHERN NATURAL GAS</b>	<b>P.O. BOX 1188 HOUSTON, TX 77251-1188</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<b>YES</b>	<b>DEC. 1991</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **NO**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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

**VI. 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.

*Mitchell H. Fillet, President*  
Signature **Mitchell H. Fillet** Title **President**  
Printed Name **3-16-93** Telephone No. **203 254-3304**  
Date

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By *Randy*  
Title \_\_\_\_\_

**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.

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
ARTESIA DISTRICT OFFICE

GARY E. JOHNSON  
GOVERNOR

JENNIFER SALISBURY  
CABINET SECRETARY

February 11, 1997

Heartland Energy Corporation  
156 Mariner's Way  
Fairfield, Ct. 06430

Re: **Well Placed In New Pool**

Gentlemen:

As the result of Division Order R-10724 the following described well has been placed in the pool shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name effective February 1, 1997. All subsequent reports must show this nomenclature until further notice.

West  
**Antelope Sink; Abo<sup>V</sup>Gas Pool**  
**Sun Texas State #1**  
**Unit J, Section 24, Township 18 South, Range 21 East, NMPM**  
**Poolcode: 96639**

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order.

Sincerely,

  
Bryan Arrant  
District Geologist

cc: Enron/ Northern Natural Gas Company  
Santa Fe  
Mae  
Well File ✓