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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

RECEIVED

SEP 02 '88

I. OPERATOR

Operator: Tempo Energy, Inc. O. C. D.

Address: 4000 N. Big Spring, Suite 109, Midland, Texas 79705 ARTESIA OFFICE

Reason(s) for filing (Check proper box):

New Well ☒ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Penasco Draw Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Penasco Draw 11-22-88</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-33661</u>
Location				
Unit Letter <u>0</u>	<u>990</u> Feet From The	<u>South</u> Line and	<u>1980</u> Feet From The	<u>East</u>
Line of Section <u>35</u>	Township <u>18-S</u>	Range <u>24-E</u>	<u>NMPM</u> , <u>Eddy</u> 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)
<u>none</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Pending TWP</u>	<u>Box 1188, Hawk, TX 75211</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>yes</u> When <u>1-11-89</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7-27-88</u>	Date Compl. Ready to Prod. <u>8-29-88</u>	Total Depth <u>8,850'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) <u>3716.5 GR</u>	Name of Producing Formation <u>Upper Morrow</u>	Top Oil/Gas Pay <u>8625'</u>	Tubing Depth <u>8840'</u>					
Perforations <u>8641' - 8662'</u>		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>388'</u>	<u>440 sx Hi Early II w/22CaC</u>					
			<u>+ 400 sx Hi Early II w/22CaC</u>					
<u>12 1/2"</u>	<u>9 5/8"</u>	<u>1216'</u>	<u>400 sx Lite Poz +100 sx Cl</u>					
<u>7 7/8"</u>	<u>5 1/2" & 2 7/8"</u>	<u>8840'</u>	<u>350 sx Lite + 225 sx Cl "1"</u>					

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)

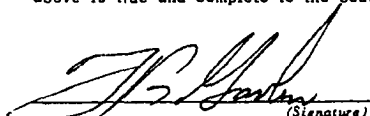
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <u>12.8 MMCF</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>trace</u>	Gravity of Condensate <u>none</u>
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (Shut-in) <u>2632#</u>	Casing Pressure (Shut-in) <u>packer</u>	Choke Size <u>8/64 to 14/64"</u>

VI. 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.


 President
 9-1-88
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 11 1989, 19____
 BY Original Signed By
Mike Williams
 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