Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM \$\$240	rgy, Minerals ar	e of New Mexico Id Natural Resources Departmy	RECEN	Form C-104 Revised 1-1-89 See Instructions VERBottom of Page	
DISTRICT II P.O. Drawer DD, Arteala, NM \$8210	P	.O. Box 2088 ew Mexico 87504-2088	DEC 2		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 L.	REQUEST FOR ALLC	WABLE AND AUTHORIZA T OIL AND NATURAL GAS		D.	
Energy Development		Well API No. 30-005- 60)962		
Address 1000 Louisiana, Sui	te 2900 Houston, Tex	xas 77002			
Reason(s) for Filing (Check proper box) New Well	Change in Transporter	Other (Please explain)	<u></u>		
Recompletion	Oil Dry Gas Casinghead Gas X Condensate				
Change in Operator If change of operator give name and address of previous operator	Changheso Cha [A] Coboesane			I	
II. DESCRIPTION OF WELL	AND LEASE				
Lease Name TLSAU		Including Formation akes San Andres Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee	
Location			.1		
Unit Letter		he North Line and 330	Feet From The We	est Line	
Section 5 Townsh EOTT Energy Operating LP	ip 95 Range		Chaves	County	
III. DESIGNATIONOF TRAN			·		
Name of Authorized Transporter of Oil Enron Oil Trading	A Transportation Co	Address (Give address to which a P.O. BOX 10607 Mic			
Name of Authorized Transporter of Casin Trident NGL, Inc.	ighead Gas 🕅 or Dry Gas	Gas [XX] or Dry Cas Address (Give address to which approved copy of this form is to be sent) 10200 Grogan's Mill Rd. The Woodlands, TX 77			
If well produces oil or liquids, ive location of tanks.	Ubit Sec. Twp.	Rge. Is gas actually connected?	When 7		
f this production is commingled with that		29E Yes	02-88		
V. COMPLETION DATA	Oil Well Gas W	/ell New Well Workover I	Deepen Plug Back Sar	Bush Diff Bush	
Designate Type of Completion	- (X)		i	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Devations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	op Oil/Gas Pay Tubing Depth		
craticos		l	Depth Casing Shoe		
		TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
IL WELL (Test must be after r		l must be equal to or exceed top allowabi	le for this depth or be for fi	ull 24 hours.)	
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,			
ength of Test	Tubing Pressure	Casing Pressure	Choke Size		
ictual Prod. During Test	Oil - Bbla.	Water - Bbls.	Gas- MCF		
	l		<u>l</u>		
GAS WELL ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	ensale	
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		·			
L OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my l	ations of the Oil Conservation that the information given above	OIL CONSE	ERVATION DI		
		0	RIGINAL SIGNED		
Signature Gene Linton Sr. Production Analyst		— ByM	ByBY		
Printed Name 	Title (713) 750-7563	Title			
	Telephone No.				

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.
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 changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.