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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

| Form C-104 Revised 1-1-89 See Lastractions at Bostons of Page | t elst |
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| ISTRICT II O. Drawer DD, Astonia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | | | | | NOV 27 '89 | | | |
|--|--|---|--------------|---------------------------|-----------------------------------|----------------|----------------|-----------------------|-----------------|------------|--|
| ISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410 | REQUEST FOR ALLOWABLE AND AUTHORIZATION | | | | | | | O. C. D. | | | |
| perator | | TO TRANSPORT OIL AND NATURAL GAS Well Al | | | | | | | | | |
| ENERGY DEVELOPMENT CON | RPORATIO | N | . | | | | 30- | 005-6099 | 93 | | |
| 1000 Louisiana, Suite | 2900, H | ouston, | Texas | 77 | 002 Other | (Please expla | in) | | | | |
| leason(s) for Filing (Check proper box) | c | hange in Tra | aporter of: | _ | | | | cable - | Waterflo | bod | |
| Lecompletion 🔲 | Oil | | Ges L | _ | | on well | | | | | |
| hange in Operator X change of operator give name DET | Casinghead | | odensate _ | <u> </u> | 0.45 | 1000 | II. | Тотго С | 77002 | | |
| d address of previous operator FELL | O OIL CO | | 500 Da | illa | s, Sulte | 1800, | nouston | , lexas | 77002 | | |
| L DESCRIPTION OF WELL | | AND LEASE Well No. Pool Name, Including Formation | | | | | | ind of Lease No. | | | |
| ease Name TLSAU | | 81 Twin Lakes - San Andres | | | | | | Foe | | | |
| ocation | | | | | . • | 000 | | | Foot | | |
| Unit LetterI | 231 | .0 | st From The | Sot | ith Line | 990 | . Fe | et From The _ | East | Line | |
| Section 6 Townshi | 9 98 | Ra | nge 2 | 9E | , NM | PM, Cha | ves | | | County | |
| II. DESIGNATION OF TRAN | SPORTER | OF OIL | AND NA | TUR | AL GAS | | | | | | |
| Name of Authorized Transporter of Oil | | or Condensate | | | Address (Give | address to w | tick approved | copy of this fo | orm is to be se | mt) | |
| N/A | about Can | | Dry Gas | _ | N/A Address (Give | address to w | hick approved | copy of this fo | orm is to be se | | |
| Name of Authorized Transporter of Casin N/A | gness Cas | « | Diy Gas [| | N/A | | | | | | |
| f well produces oil or liquids, | | Sec. Tv | | 1 | Is gas actually connected? When ? | | | | | | |
| ve location of tanks. this production is commingled with that | | | <u> </u> | /A | N/A | | 1 | N/A | | | |
| V. COMPLETION DATA | Hom any one | u. pos | | | | | | V | · | - | |
| Designate Type of Completion | - 00 | Oil Well | Gas We | 11 | New Well | Workover | Deepen | Phug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compi. Ready to Prod. | | | Total Depth | | <u>.I</u> | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | | | Depth Casis | ng Shoe | | |
| | | umpic c | A CINIC A | NID | CEMENTI | AC PECOE | מא | | | ···· | |
| HOLE SIZE | | SING & TUB | | עוע | | DEPTH SET | | | SACKS CEM | | |
| HOLE GEE | | | | | | | | Pnt ID-3 | | | |
| | | | | | | | | 10 | 12-8-89 | | |
| | | <u> </u> | | | | | | | 2/ | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | ST FOR A | LLOWAE | BLE | | L | | lawahla far th | ie donek ar he | for full 24 hos | ws.) | |
| OIL WELL (Test must be after Date First New Oil Rua To Tank | Date of Tes | | ioga ou and | MULST | Producing Me | ethod (Flow, p | ump, gas lift, | etc.) | ,, <u>.</u> | | |
| | | | | | | | | Choke Size | | | |
| Length of Test | Tubing Pres | Tubing Pressure | | | Casing Pressure | | | CIOCAL GALA | | | |
| Actual Prod. During Test | Oil - Bbla. | | | | Water - Bbls. | | | Gar- MCF | | | |
| GAS WELL | | | | | <u> </u> | | ···· | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| VI. OPERATOR CERTIFIC | CATE OF | COMPI | JANCE | | | | | | DNACI | ONI | |
| I hereby certify that the rules and reg Division have been complied with an | ulations of the | Oil Conserva | tion | | 11 | | | | DIVISIO | UN | |
| is true and complete to the best of m | y knowledge a | nd belief. | | | Date | Approv | ed | 365 | A WASO | | |
| 110=1100=1 | Dane | N) | | | By_ | | | A., Salas (12) | | | |
| Signature Michael M. Bauer | / | | ent Title | | | | | | STRICT IF | | |
| Printed Name | | - | | | | | | | | | |

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.