

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Oil Conservation Division  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Well API No.  
30-005- 61435

for  
rit Energy Company

ress  
2221 Merit Drive, Suite 1040, Dallas, TX 75251

ason(s) for Filing (Check proper box)  
ew Well  
ecompletion  
Change in Operator

Change in Transporter of:  
Oil  
Casinghead Gas

Dry Gas  
Condensate

Change of operator give name  
and address of previous operator

McClellan Oil Corporation, 850 United Bank Plaza, Drawer 730, Roswell, NM 88202

DESCRIPTION OF WELL AND LEASE

Lease Name  
Dana Federal

Well No.  
3

Pool Name, Including Formation  
Pecos Slope Abo, South

Kind of Lease  
State (Federal) or Fee

Lease No.  
NM-35925

Location

Unit Letter  
G

1980

Feet From The  
North

Line and  
1980

Feet From The  
East

Line

Section  
3

Township  
9S

Range  
25E

NMPM, Chaves

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  
Pride Pipeline

or Condensate

Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 2436, Abilene, TX 79604

Name of Authorized Transporter of Casinghead Gas  
Transwestern Pipeline Co.

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1188, Houston, TX 77251-1188

If well produces oil or liquids,  
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?  
Yes

When ?  
1-17-83

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

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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  
8-31-90

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas- MCF  
4 mg OP

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (prior, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Signature  
Sheryl J. Carruth

Prod/Reg. Admin.

Printed Name  
8-20-90

Date

(214) 701-8377

Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
AUG 31 1990

By  
ORIGINAL SIGNED BY  
MIKE WILLIAMS

Title  
SUPERVISOR, DISTRICT II

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.

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AUG 21 1990

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