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P.O. Drawer DD, Artesia, NM 88210

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000 Rio Brazos Rd., Aztec, NM 87410

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

JAN 25 '90

O.C.D.  
ADJUTANT GENERAL'S OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓	Well API No. 30-005-62710
Address P.O. Box 1659, Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mail Federal	Well No. 4	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or BLM	Lease No. NM-15862
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? Est. 3-1-90
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 checked="" 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 8-1-89	Date Compl. Ready to Prod. 1-4-90	Total Depth 4,100'	P.B.T.D. 4,007'
Elevations (DF, RKB, RT, GR, etc.) 3,933.3' GR (3,943.3' KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,721'	Tubing Depth 3,914'
Perforations Perfs" 3,721'-3,932', total 66', 66 holes			Depth Casing Shoe 4,096'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.5#/ft.	913' KBM	600 Sxs. Cmt. Circ.
9-7/8" & 7-7/8"	5-1/2", 17#/ft.	4,096' KBM	430 Sxs., T-Cmt. 2,830'
	2-3/8" Tbg.	3,914' KBM	

VI. 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
A.O.F. 3,695 MCF/day	4 hrs.	0	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	735 psig	psig 680	1/8"-3/16"-1/4"-5/16"

VII. 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.

*M.B. Myers*  
Signature  
M.B. Myers Ass't. to Gen. Supt.  
Printed Name Title  
1-23-90 (915) 682-5241  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.

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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

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓		Well API No. 30-005-62710
Address P.O. Box 1659, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 4	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Other	Lease No. NM-15862
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 22 Township 6-S Range 25-E, NMPLM, Chaves 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twsp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
If this production is commingling with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-1-89	Date Compl. Ready to Prod. 1-4-90		Total Depth 4,100'		P.B.T.D. 4,007'			
Elevations (DF, RKB, RT, GR, etc.) 3,933.3'GR(3,943.3'KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,721'		Tubing Depth 3,914'			
Perforations Perfs" 3,721'-3,932', total 66', 66 holes					Depth Casing Shoe 4,096'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.5#/ft.		913'KBM		600 Sxs. Cmt. Circ.			
9-7/8" & 7-7/8"	5-1/2", 17#/ft.		4,096'KBM		430 Sxs., T-Cmt. 2,830'			
	2-3/8" Tbg.		3,914'KBM					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 3,695 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 735 psig	Casing Pressure (Shut-in) psig 680	Choke Size 1/8"-3/16"-1/4"-5/16"

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.

Signature  
M.B. Myers  
Printed Name  
1-23-90  
Date  
Ass't. to Gen. Supt.  
(915) 682-5241  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

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.

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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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Revised 1-1-89  
See Instructions  
at Bottom of Page

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. G. D.

Operator Great Western Drilling Company ✓	Well API No. ARTESIA, OFFICE 30-005-62710
Address P.O. Box 1659, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 4	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>6-S</u> Range <u>25-E</u> , <u>NMPM</u> , <u>Chaves</u> County				

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>22</u>	Twp. <u>6-S</u>	Rge. <u>25-E</u>	Is gas actually connected? No	When? Est. 3-1-90
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-1-89	Date Compl. Ready to Prod. 1-4-90		Total Depth 4,100'		P.B.T.D. 4,007'			
Elevations (DF, RKB, RT, GR, etc.) 3,933.3' GR (3,943.3' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,721'		Tubing Depth 3,914'			
Perforations Perfs" 3,721'-3,932', total 66', 66 holes					Depth Casing Shoe 4,096'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.5#/ft.		913' KBM		600 Sxs. Ont. Circ.			
9-7/8" & 7-7/8"	5-1/2", 17#/ft.		4,096' KBM		430 Sxs., T-Ont. 2,830'			
	2-3/8" Tbg.		3,914' KBM					

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	Production Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 3,695 MCF/day	Length of Test 4 hrs.	Boiler Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 735 psig	Casing Pressure (Shut-in) psig 680	Choke Size 1/8"-3/16"-1/4"-5/16"

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.

Signature  
M.B. Myers  
Printed Name  
1-23-90  
Date  
Ass't. to Gen. Supt.  
(915) 682-5241  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.
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Submit 5 Copies  
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Energy, Minerals and Natural Resources Department

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P.O. Box 2088  
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Revised 1-1-89  
See Instructions  
at Bottom of Page  
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

JAN 29 '90

Operator Great Western Drilling Company ✓	Well API No. 30-005402510	O. C. D. OFFICE
Address P.O. Box 1659, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mail Federal	Well No. 4	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-1-89	Date Compl. Ready to Prod. 1-4-90	Total Depth 4,100'	P.B.T.D. 4,007'					
Elevations (DF, RKB, RT, GR, etc.) 3,933.3' GR (3,943.3' KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,721'	Tubing Depth 3,914'					
Perforations Perfs" 3,721'-3,932', total 66', 66 holes			Depth Casing Shoe 4,096'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.5#/ft.	913' KBM	600 Sxs. Omt. Circ.
9-7/8" & 7-7/8"	5-1/2", 17#/ft.	4,096' KBM	430 Sxs., T-Omt. 2,830'
	2-3/8" Tbg.	3,914' KBM	

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 A.O.F. 3,695 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 735 psig	Casing Pressure (Shut-in) 680	Choke Size 1/8"-3/16"-1/4"-5/16"

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.

Signature  
M.B. Myers  
Ass't. to Gen. Supt.  
Printed Name  
1-23-90  
Date  
(915) 682-5241  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓	Well API No. 30-005-62710 ARTESIA, OFFICE
Address P.O. Box 1659, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
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Change of operator give name and address of previous operator	

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Lease Name Mail Federal	Well No. 4	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Other	Lease No. NM-15862
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ? D   22   6-S   25-E   No   Est. 3-1-90
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-1-89	Date Compl. Ready to Prod. 1-4-90	Total Depth 4,100'	P.B.T.D. 4,007'					
Elevations (DF, RKB, RT, GR, etc.) 3,933.3' GR (3,943.3' KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,721'	Tubing Depth 3,914'					
Perforations Perfs" 3,721'-3,932', total 66', 66 holes			Depth Casing Shoe 4,096'					

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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 A.O.F. 3,695 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 735 psig	Casing Pressure (Shut-in) psig 680	Choke Size 1/8"-3/16"-1/4"-5/16"
Back Pressure			

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.

Signature  
M.B. Myers  
Printed Name  
1-23-90  
Date  
Ass't. to Gen. Supt.  
(915) 682-5241  
Telephone No.

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TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator Great Western Drilling Company	Well API No. 30-005-62710
Address P.O. Box 1659, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 4	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>6-S</u> Range <u>25-E</u> , <u>NMPM</u> , <u>Chaves</u> County				

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ? <u>D</u>   <u>22</u>   <u>6-S</u>   <u>25-E</u>   <u>No</u>   <u>Est. 3-1-90</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded <u>8-1-89</u>	Date Compl. Ready to Prod. <u>1-4-90</u>	Total Depth <u>4,100'</u>	P.B.T.D. <u>4,007'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3,933.3' GR (3,943.3' KB)</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3,721'</u>	Tubing Depth <u>3,914'</u>					
Perforations <u>Perfs" 3,721'-3,932', total 66', 66 holes</u>			Depth Casing Shoe <u>4,096'</u>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4", 40.5#/ft.</u>	<u>913' KBM</u>	<u>600 Sxs. Cmt. Circ.</u>
<u>9-7/8" &amp; 7-7/8"</u>	<u>5-1/2", 17#/ft.</u>	<u>4,096' KBM</u>	<u>430 Sxs., T-Cmt. 2,830'</u>
	<u>2-3/8" Tbg.</u>	<u>3,914' KBM</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 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 <u>A.O.F. 3,695 MCF/day</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>---</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>735 psig</u>	Casing Pressure (Shut-in) <u>psig 680</u>	Choke Size <u>1/8"-3/16"-1/4"-5/16"</u>

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.

M.B. Myers  
Signature  
M.B. Myers  
Printed Name  
1-23-90  
Date  
Ass't. to Gen. Supt.  
Title  
(915) 682-5241  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

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.

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company	Well API No. 30-005-62710
Address P.O. Box 1659, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mail Federal	Well No. 4	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-1-89	Date Compl. Ready to Prod. 1-4-90	Total Depth 4,100'		P.B.T.D. 4,007'				
Elevations (DF, RKB, RT, GR, etc.) 3,933.3' GR (3,943.3' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,721'		Tubing Depth 3,914'			
Perforations Perfs" 3,721'-3,932', total 66', 66 holes					Depth Casing Shoe 4,096'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.5#/ft.	913' KBM	600 Sxs. Cmt. Circ.
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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 A.O.F. 3,695 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 735 psig	Casing Pressure (Shut-in) psig 680	Choke Size 1/8"-3/16"-1/4"-5/16"

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.

*M.B. Myers*  
Signature  
M.B. Myers  
Printed Name  
1-23-90  
Date  
Ass't. to Gen. Supt.  
Title  
(915) 682-5241  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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