Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbe, NM 88240		Minerals and N		ves Departn		Form C-104 Partied 1-1-89 RECEIVED Instructions at Bottom of Page			
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210		Box 2085				DEC 2 4 1992			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		anta Fe, New I OR ALLOW/			ZATION		C. D.	re	
L. Operator	TOTR	ANSPORT O	IL AND NA	TURAL G		APINa			
Energy Development	Corporation					30-005-	62818		
1000 Louisiana, Sui	te 2900 Hous	ton, Texas		·····					
Reason(s) for Filing (Check proper box) New Well	Change is	Transporter of:	0u	et (Please expl	ain)				
Recompletion	Oil Casinghead Gas	Dry Gas							
If change of operator give same and address of previous operator							·····		
IL DESCRIPTION OF WELL	AND LEASE								
Lease Name TLSAU	Well No. 122	Pool Name, Iacku Twin Lake		res Asso		of Louse , Pederal or Fe		ease No.	
Location		•							
Unit LetterH	_:250	Feet From The	East Lin	e and14		eet From The	North	Line	
Section 36 Townsh	·····	Range		MPM,	Chav	es		County	
HIT. DESTRICTION ALCONOMINATION CONTRACTOR	SPORTER OF O	IL AND NAT	URAL GAS	e address to wh	ich annour	I come of this	form is to be		
Enron Oil Trading	Enron Oil Trading & Transportation Co.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 10607 Midland, Texas 79702					
Name of Authorized Transporter of Casin Trident NGL, Inc.	ghead Gas [XX]	or Dry Gas		rogan's				, T x 7738	
If well produces oil or liquide, give location of tanks.	Umit Sec. Twp. Rge N 31 8S 29E		L Is gas actually connected? When Yes						
f this production is commingled with that					k	02-00	D		
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	i		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay							
				a y		Tubing Depth			
reforations						Depth Casin	ig Shoe	· · · · · · · · · · · · · · · · · · ·	
			CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	T FOR ALL OWA	DI D							
V. TEST DATA AND REQUES DIL WELL (Test must be after ru	I FOR ALLOWA		t be equal to or i	exceed top allow	wable for this	i depih or be j	for full 24 hour	3.)	
ate First New Oil Run To Tank	Date of Test		Producing Met	thod (Flow, pur	np, gas lift, e	4c.)			
ength of Test	Tubing Pressure	<u> </u>	Casing Pressure			Choke Size			
Ictual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gaa- MCF			
GAS WELL	<u> </u>								
IAS WELLI Ictual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-	n)	Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complied with and t is true and complete to the beat of my k	tions of the Oil Conserva- hat the information gives	ation				ATION I DEC	DIVISIO 2 9 1992	N 2	
1.1.	->		Date	Approved					
Signature Gene Linton Sr. Production Analyst			ByORIGINAL SIGNED BY MIKE WILLIAMS						
Signature Gene Linton Sr	Production	Analyst	By					···	
Signature Gene Linton Sr Printed Name 10-1-92		Tale	By Title		MIKE V	VILLIAMS		1	

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.