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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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JUN 14 1991

Form C-104
Revised 10-01-78
Format 08-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator PRIMERO OPERATING, INC.	
Address PO BOX 1433, ROSWELL, NM 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	CHANGE OF OPERATOR

If change of ownership give name and address of previous owner SLASH FOUR ENTERPRISES, INC.

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARBOB STATE	Well No. 1	Pool Name, including Formation CHISUM, S.A.	Kind of Lease State, Federal or Fee STATE	Lease No. B-8385-2
Location Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line of Section 13 Township 11S Range 27E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

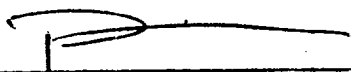
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-2 8-23-91 Post ID-3 8-9-91 copy & BK chg op	
If well produces oil or liquids, give location of tanks.	Unit J Sec. 13 Twp. 11S Rge. 27E	Is gas actually connected? NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



Phelps White, President

06/13/91

(Date)

OIL CONSERVATION DIVISION

AUG 16 1991

APPROVED _____, 19_____
BY ORIGINAL SIGNED BY
MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 02/21/91	Date Compl. Ready to Prod. 06/01/91		Total Depth 2083			P.B.T.D. 2072			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres		Top Oil/Gas Pay 2026			Tubing Depth 1982			
Perforations 2026-28, -3 holes, 2034-43-19 holes, 2050, 2050.5						Depth Casing Shoe 2082'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"		392			250 SX			
8"	4 1/2"		2082			125 SX			
	2 3/8"		1982						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 06/01/91	Date of Test 06/08/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 3.32	Oil-Bbls. 2.49	Water-Bbls. .83	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D TSTM	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size