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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

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AUG 9 5 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|------------------------------|
| Operator Frank O. Cox | Well API No. 30-215-20057 |
| Address 2323 Bryan Street LB 159, Dallas, Texas 75201 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator Esperanza Energy Corporation, Suite 210, 17400 Dallas Parkway, Dallas, TX 75228 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------|
| Lease Name Mc Clain Ranch | Well No. 1 | Pool Name, Including Formation Wildcat - Glorietta | Kind of Lease State, Federal or (Fee) | Lease No. |
| Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 15 Township 2 South Range 28 East, NMPM, De Baca County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|------------------------------|---|
| Name of Authorized Transporter of Oil None | or Condensate None | Address (Give address to which approved copy of this form is to be sent) ----- |
| Name of Authorized Transporter of Casinghead Gas None | or Dry Gas None | Address (Give address to which approved copy of this form is to be sent) ----- |
| If well produces oil or liquids, give location of tanks. N/A | Unit Sec. Twp. Rge. | Is gas actually connected? No |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | None |

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|--------------------------|-----------------------|----------|--------|-----------|------------|------------|
| Temporarily Abandoned Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| 11/20/88 | Date Compl. Ready to Prod. Temp. Abandon 12/28/88 | Total Depth 3000' | P.B.T.D. 2800' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4198' | Name of Producing Formation ----- | Top Oil/Gas Pay ----- | Tubing Depth 2632' | | | | | |
| Perforations | TUBING, CASING AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE 11' | CASING & TUBING SIZE 8 5/8" | DEPTH SET 320' | SACKS CEMENT 250 | | | | | |
| 7 7/8" | 4 1/2" | 3000' | 157 | | | | | |

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 None | Date of Test 12/4/88 | Producing Method (Flow, pump, gas lift, etc.) N/A | |
| Length of Test 5 Hrs. | Tubing Pressure 0 | Casing Pressure ----- | Choke Size ----- |
| Actual Prod. During Test 0 | Oil - Bbls. ----- | Water - Bbls. 120 | Gas - MCF ----- |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D None | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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
Frank O. Cox
Printed Name
Date JULY 31, 1991
Title
(903) 569-2627
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 7 1991

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.