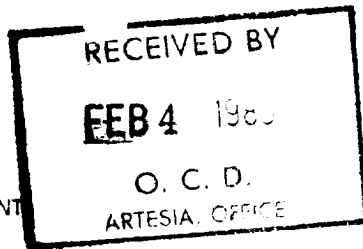


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PRODUCTION OFFICE	



OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Diamondback Pet. Inc

Address P.O. Box 2938 Ruidoso, N.M. 88345

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Red Twelve Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cave San Andres</u>	Kind of Lease <u>Fed.</u>	Lease No. <u>LC 058594 - C</u>
Location				
Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. Freeman, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197 Houston Tx. 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>1-8-85</u>
Unit	Sec.
<u>0</u>	<u>33</u>
Twp.	Rge.
<u>16S</u>	<u>29E</u>

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.

(Signature) _____

(Title) _____

(Date) _____

OIL CONSERVATION DIVISION

APPROVED FEB 5 1985, 19____

BY Original Signed By
Leslie A. Clements

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11-15-84	Date Compl. Ready to Prod. 12-8-84		Total Depth 3575		P.B.T.D. 3540				
Elevations (DF, RKB, RT, GR, etc.) 3592 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2678		Tubing Depth 3440				
Perforations 2678-3428 w/ 58 . 38 cal						Depth Casing Shoe 3440			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8"		265		300				
1 7/8	5 1/2		3440		1500				
	2 7/8		3440						

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 1-4-85	Date of Test 1-25-85	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure 5#	Casing Pressure 20#	Choke Size 1 3/8"
Actual Prod. During Test 310 BBLs	Oil-Bbls. 45	Water-Bbls. 265	Gas-MCF 130

4000 : 1

GAS WELL

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