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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page DEC 0 6 1993

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

C. I. D.

DISTRICT III		Sa	ınta Fe	, New M	lexico 875	04-2088	•	ees in anthropia			
1000 Rio Brazos Rd., Aztec, NM 87410	PEO	HECTE		1 014/4	DI E AND	AUTHOR	IZATION				
I.	HEU										
TO THE GAS									API No.		
'n-1-a ''								-01525606			
Address											
800 N. Marienfeld, St	uite 20	00	Midla	and, Te	exas 797	01					
Reason(s) for Filing (Check proper box)						her (Please exp	elain)				
New Well Change in Transporter of: It is our understanding this form has											
Recompletion Oil Dry Gas been previously filed by new operator.											
- HTTACT	LVE 3 Casi nghe	ad Gas		_		con prov	100019	rica by	new ope	cracor.	
If change of operator give name											
and address of previous operator		·				· · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.			ing Formation			of Lease		ase No.	
Shiloh		4	Hi	gh Lor	nesome Q	ueen	State	Federal or Fee	LC062	2996-В	
Location											
Unit LetterF	_ :23	10	. Feet Fro	om The	North Li	se and $\frac{16}{}$	<u>50 </u>	et From The	West	Line	
Cantle 17 m	160			207	7		T 1 1			_	
Section 17 Townshi	p 16S		Range	29 <u>1</u>	<u>N</u>	MPM,	Eddy		 	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. ANI	D NATII	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
NRC		, , , , , , , , , , , , , , , , , , , ,									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										nt)	
	 					···				. 	
If well produces oil or liquids,	Unit Sec. Twp			Rge.	is gas actually connected?			hen ?			
give location of tanks.											
If this production is commingled with that if	from any ou	er lease or	pool, give	e commingi	ing order num	ber:					
IV. COMPLETION DATA		- C			\		·	· -	·	·,———	
Designate Type of Completion	- (X)	Oil Well	10	as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		nl Ready to	Prod		Total Depth		<u> </u>			<u> </u>	
	Date Compl. Ready to Prod.							P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE CASING & T			BING S	IZE	DEPTH SET			SACKS CEMENT			
	<u></u>										
					 						
I mnom p i mi i bio ppolino	T 700				<u> </u>			l			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Date Film New Oil Rull 10 11th	Date of Test				Froducing Method (Frow, pump, gas 191, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
20151.0.100											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
•											
GAS WELL	<u> </u>							J			
					Bbls. Condensate/MMCF Gravity of C				ensale		
					Oughed Harioi			a.a.n, or constant			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
. Italing trestile (Situret)					(
M ODED ATOD CEDITIES	ATT AT	COL				· · · · · · · · · · · · · · · · · · ·	· · · · · ·	<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CON	ISERV	ATION DI	VISIO	N	
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.					n .	A	_1				
McCLELLAN OIL CORPORA	Date	Approve	o	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
SUNTEX ENERGY CORP./S	II.		1	_							

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

Mark Printed Name Mark McClellan

Date

- 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.

505-622-3200 Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. 4) Senarate Form C-104 must be filed for each nool in multiply completed wells.

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