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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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>LAYTON ENTERPRISES, INC</u>	Well API No. <u>30-025-03556</u>
Address <u>2103 79th St. LUBBOCK, TX. 79423</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>FOX "A" STATE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>ALLISON PENN</u>	Kind of Lease State, Federal or Fee	Lease No. <u>V-2522</u>
Location				
Unit Letter <u>F</u>	<u>1980</u>	Feet From The <u>NORTH</u> Line and <u>2070</u>	Feet From The <u>WEST</u> Line	
Section <u>2</u>	Township <u>9 S</u>	Range <u>36 E</u> , NMPM,	<u>LEA</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>NAVATO REFINING CO.</u>	<u>P.O. Box 159 ARTESIA, N.M. 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>WARREN PETROLEUM CO.</u>	<u>P.O. Box 1589 TULSA, OK. 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>F</u>	<u>2</u>	<u>9 S</u>	<u>36 E</u>	<u>YES</u>	<u>7-3-90</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded <u>10-30-89</u>	Date Compl. Ready to Prod. <u>5-21-90</u>		Total Depth <u>9725</u>		P.B.T.D. <u>9715</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4058 GL</u>	Name of Producing Formation <u>BOUGA C</u>		Top Oil/Gas Pay <u>9650</u>		Tubing Depth <u>9690</u>			
Perforations <u>9653-61</u>					Depth Casing Shoe <u>9725</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8</u>		<u>360</u>		<u>325</u>			
<u>12 1/2</u>	<u>8 3/8</u>		<u>4285</u>		<u>2520</u>			
<u>7 7/8</u>	<u>4 1/2</u>		<u>9725</u>		<u>500</u>			

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 <u>7-2-90</u>	Date of Test <u>7-5-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>1 1/2" ROD PUMP</u>	
Length of Test <u>24</u>	Tubing Pressure <u>20</u>	Casing Pressure <u>5</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil - Bbls. <u>7</u>	Water - Bbls. <u>34</u>	Gas- MCF <u>32</u>

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

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
Donald R. Layton
Printed Name
Donald R. Layton Title
PRES.
Date
7-5-90 Telephone No.
806/145-4638

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON

Title _____

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.