

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 LAYTON ENTERPRISES, INC.

Address 3103 79<sup>TH</sup> ST. LUBBOCK, TEXAS 79423

Reason(s) for filing (Check proper box)

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

Other (Please explain): Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EL ZORRO "C" FEDERAL</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>ALLISON PENN</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM 57713</u>
Location				
Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u>				
Line of Section <u>11</u> Township <u>9S</u> Range <u>36E</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"/> <u>NAVAJO REFINING Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159 ARTESIA, N.M. 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589 TULSA, OKLAHOMA 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>11</u>
	Twp. <u>9S</u>	Rge. <u>36E</u>
	Is gas actually connected?	When
	<u>NO</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.

Ronald L. Sexton  
(Signature)  
PRESIDENT  
(Title)  
9-30-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X				
Date Spudded 8-4-88	Date Compl. Ready to Prod. 8-29-88	Total Depth 9719				P.B.T.D. 9719			
Elevations (DF, RKB, RT, GR, etc.) 4094 GL	Name of Producing Formation PERMO PENN	Top Oil/Gas Pay 9698				Tubing Depth 9714			
Perforations 9698 - 9714						Depth Casing Shoe 9719			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15	10 3/4		435		425				
9 3/4	7 5/8		4221		1300				
6 3/4	5 1/2		9719		500				
5	2 3/8		9714		-				

#### 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 9-17-88	Date of Test 9-29-88	Producing Method (Flow, pump, gas lift, etc.) ROD PUMP	
Length of Test 24	Tubing Pressure 10	Casing Pressure 10	Choke Size -
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 36	Gas - MCF 4

#### 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