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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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[ <b>.</b>	TOTRA	NSP	ORT OIL	AND NA	UHAL GA	45   W. II A	DI Ma		<del></del>	
Operator BORDEAUX PETROLIEUM CO	OMPANY					Well A	PI NO.			
Address 333 W. HAMPDEN AVE. S	COLORAI	00 80110	0							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Change in Oil Casinghead Gas	Dry G	nsate	Ef	r (Please expla	3/1/90	ADDIN C	DOVE CA	926/15	
f change of operator give name and address of previous operator	EOR DEVELOPM	ENTS,	, INC. 1	2842 VA	LIEY VIE	W #104 G	ARDEN G	ROVE, CA	92043	
I. DESCRIPTION OF WELL AND LEASE Lease Name SANTA FE PACIFIC  Well No. Pool Name, Including CROSSROADS					DEVONIA		Kind of Lease State, Frederikus Fee		ase No.	
Location E	: Feet From The Line and					() F⇔	Feet From TheLine			
Section 26 Township	9-S	Range	36-E	, NI	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AN	ND NATU	RAL GAS		TA	-6-11:-6			
Name of Authorized Transporter of Oil  Mobil Pipe Line Compa	or Conde	nsate		P.O. D	e address to whom ox 900,	Dallas,	TX 752	21		
Traile of Administration of the Section of the Sect				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102					nt)	
Warren Petroleum  If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.			Is gas actually connected?			en 7 Farch 20, 1973			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, g	ive comming!	ing order num	ber:					
Designate Type of Completion	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR,, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				L			Depth Casing Shoe			
				CEMENTI	NG RECOR			210/0 05/4	FAIT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOW recovery of total volume	ABLE	E I oil and must	be equal to or	exceed top all	owable for thi	depih or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test				Producing Method (Flow, purp, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL				1			Tomula at	Condensate		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC					OIL COI	NSERV.	ATION	DIVISIO	NC	
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 eqmplete to the best of my knowledge and belief.				Date Approved MAR 3 0 1990						
Bruce M	Patterse	<u> </u>		By_			Drio	Signed by	<b>z</b>	
Signature Bruce M, Patterson Vice President-Engineering Printed Name Title Operation				3	Paul Kautz					
	(303) 761-37 Te	07 Iephone	No.							

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.