Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico argy, Minerals and Natural Resources Depart:

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION T. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. JAR Inc. Address 1001 8th Street, Levelland, Texas 79336 Reason(s) for Filing (Check proper box) Other (Please explain) New Well f: Oil transporter & purchaser being changed from the Permian Corporation to Lantern Petroleum Change in Transporter of: Recompletion Dry Gas Oil Casinghead Gas Condensate Corporation. Change in Operator If change of operator give name and address of previous operator Western Drilling Company, P. O. Box 1329, Longview, Texas 75606 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. Sawyer San Andres (Assoc) 1 State, Federal or But Gulf - Federa NM03318 Location Feet From The South Unit Letter 1980 Line and Feet From The East Line 29 Township 9 South Range 38 East Section Lea , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate X o.O. Box 2281, Midland, Tx 79702 Lantern Petroleum Corporation Name of Authorized Transporter of Casinghead Gas Oxy USA, Inc. or Dry Gas 🗓 Address (Give address to which approved copy of this form is to be sent)
2. O. Box 300, Tulsa, OK 74102 If well produces oil or liquids, give location of tanks. Sec. 29 Twp. Unit **Rge.** 38E Is gas actually connected? When? yes 9-1-66 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT** 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.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbis. Gas- MCF **GAS WELL** 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 CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 2 6 1990 is true and complete to the best of my knowledge and belief. Date Approved . Signature By\_ ORIGINAL SIGNED BY JERRY SEXTON Kirk Rogers

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

Printed Name 2-20-90

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title\_

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

President

Telephone No.

Title 806/894-6044

- 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.

RECEIVED

FEB 23 1990

OCD OFFICE