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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

OIL CONSERVATION DIVISION

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

DISTRICT II P.O. Drawer DD, Artesia, NM \$1210

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

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

DUEST FOR ALLOWARIE AND AUTHORIZATION

I.	HEW	TOTRA	NSP	ORT O	L AND NA	TURAL G	AS					
Operator				Well	N/A							
Davero, Inc.	11					<u></u>	1					
2124 Broadway,	Lubbock	TX 79	9401			7						
Reason(s) for Filing (Check proper box	:)				Oth	es (Please expi	lain)					
New Well	Oil	Change in	Dry G				/20/01					
Recompletion	Casinghe	ed Gas.	Conde		Eff	ective 8	/30/91					
If change of operator give name	<u></u>											
and address of previous operator				· · · · · ·								
II. DESCRIPTION OF WEL	L AND LE	ASE	1	 			1 921-4	-61		ease No.		
Lease Name	11	eral 1 Sawyer Sar			ing Formation Andres (Assoc)			or Lease Federal ox Re				
Great Western "C" Fe	derai	1	Jaw.	yer bar	· maros	(/	<u>- </u>					
Location Unit LetterM	:6	660	Peet Fr	rom The	South Lin	e and66	50 F	et From The	West	Line		
Section 21 Towns	hip 9 S	3	Range	38E	, NI	MPM,	Lea			County		
III. DESIGNATION OF TRA	NSPORTE	R OF O	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	sate	[XX]	Address (Giv	e address to w	hich approved	copy of this fo	orm is to be s	ent)		
Lantern Petroleum Corp.					P, O, Box 2281, Midland, TX 79702							
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent) P, 0, Box 50250, Midland, TX 79710.							
Trident NGL, Inc. If well produces oil or liquids,	Unit				Is gas actually connected? When							
give location of tanks.		M 21 9S 38E				yes						
If this production is commingled with the	at from any oth	er lease or p	pool, giv	ve comming	ling order num	ber:		 -				
IV. COMPLETION DATA	- (7)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		Date Compl. Ready to Prod.			Total Depth	ł	l	P.B.T.D.		_1		
Date Spudded	Date Com	Date Compt. Ready to Flod.										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing	Depth Casing Shoe			
TUBING, CASING ANI					CEMENTIN	NG RECOR	D					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		· · · · · · · · · · · · · · · · · · ·						 				
								<u> </u>				
V. TEST DATA AND REQUI	EST FOR A	LLOWA	BLE		<u> </u>							
OIL WELL (Test must be after	recovery of to	tal volume o	of load o	oil and must	be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hou	rs.)		
Date First New Oil Run To Tank Date of Test					Producing Me	thod (Flow, pu	тр, даз іўі, с	ac.j				
Locals of Test	Tubing Pre-	Tubing Pressure				Casing Pressure			Choke Size			
Length of Test	1 doing 1 to	I doing a reason										
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL					Intia Cardon			Gravity of C	ondensate			
Actual Prod. Test - MCF/D	Length of 1	Length of Test				Bbls. Condensate/MMCF			0, 0.			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	ICE		OIL CON	ISERV	NOITA	DIVISIO	ON		
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.					Date Approved							
Numali	11/									_ 		
Signature Jeff Revnolds Sec/Treas					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name October 21, 1991	(3)	306) 76	Title 3-22	52	Title.		·		•			
Date		Telep	ohone N	lo.	H							

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.

uiltialy completed wells