Submit 5 Copies
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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

· •	REQUEST									
l.	AND NATURAL GAS Well API No.									
Operator			30-025-22214							
Lobo Resources, Inc.						1 30-	045-444	 		
Address 200 N. Loraine, Suit	o 12/5 Mid1	TY has	79701	1						
Reason(s) for Filing (Check proper box)	e 1245, MIGI.	and, in	1910.	Other	(Please explai	n)				
New Well		in Transporter of	f:		(0.00000 1)	7				
Recompletion	oil [Dry Gas								
Change in Operator	Casinghead Gas	Condensate			Effectiv	e 10/1/	93			
f change of operator give name		0-1		D O Pare	21/69	Ти1 со	OK 7/11	21-1468		
and address of previous operator Kal	ser-Francis	Oll Compa	ny,	r.u. bux	21400,	Iuisa,	<u>OR 141.</u>	21-1400	·····	
II. DESCRIPTION OF WELL	L AND LEASE									
Lease Name		Well No. Pool Name, Including			ng Formation Kind o					
Nine Ranch, Inc. Sta	ite 2	e 2 Inbe Perm			o Penn			K-3983		
Location										
Unit Letter F	: <u>198</u>	O Feet From Ti	he N	orth Line	and21	:30 Fe	t From The	West	Line	
						.			C	
Section 22 Towns	ship 10S	Range	33E	, NM	IPM,	Lea			County	
THE PROPERTY OF THE PARTY OF TH	NCDODTED OF	OU AND N	A TET TE	DAT CAS						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	aa Caa	densate	AIUR	Address (Give	address to wh	ich approved	copy of this fo	orm is to be se	ent)	
	X or Cou		1	•	x 1188,					
EOTT Energy Corp. Name of Authorized Transporter of Cas	ninghead Gas X	or Dry Gas			address to wh					
Warren Petroleum Con		U. Diy GES			x 1589,				•	
If well produces oil or liquids,	Unit Sec.	Twp.		Is gas actually		When				
give location of tanks.	F 22		33E	Yes		N/A				
If this production is commingled with th				ng order numb	er:					
IV. COMPLETION DATA	m 110111 may 02101 10001	 p, g								
	Oil V	Vell Gas W	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		i	i							
Date Spusided	Date Compl. Read	y to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Forma			nation Top Oil/Gas l		ias Pay		Tubing Depth			
				<u> </u>			Depth Casing Shoe			
Perforations							Depui Casin	ig snoe		
		- C - CD - C	4 3 773	OC) COM	IC DECOD		<u> </u>			
		TUBING, CASING AND						SACKS CEMENT		
HOLE SIZE	CASING 8	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							 			
							1			
V. TEST DATA AND REQU	FST FOR ALLO	WABLE		<u> </u>						
OIL WELL (Test must be after	er recovery of total volu	une of load oil an	nd must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, pi	mp, gas lift, d	etc.)			
Length of Test	Tubing Pressure			Casing Press	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
_				<u></u>	<u></u>					
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate		
2720212	The same state for									
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
, and the same of										
VI. OPERATOR CERTIF	TCATE OF CO	MPI IANO	F	1		· _			011	
			U	(OIL CO	ISERV	MOITA	DIVISI	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						
				Dale	y White	·				
C. Pulull	LIM			D		ORIGINA	SIGNED B	Y JERBY (EXTON	
Signature		0.55		By_						
C. Randall Hill, Chief Executive Officer				Title						
Printed Name	915) 687-0404	Title		Title						
10-14-93 (*)	717/ 00/-0404	Telephone 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.