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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								}	IFI NO.			
Lario Uil & (Gas Compai	ny						30	0-025-226	46		
Address			_		70760							
5013 Andrews		Odes	ssa, Te	exas	79762		- (Di '					
Reason(s) for Filing (Chec	k proper box)		Channa in	T	ian ofi	Otne	t (Please expl	ain)				
New Well	7	Oil	Change in	Dry Gas	r i							
Recompletion	=		id Gas XX	•								
Change in Operator		Catingnea	d Oas XX	Concens	- L							
f change of operator give : nd address of previous op	erator											
I. DESCRIPTION	OF WELL	AND LE	ASE									
Lease Name	OF WEED?	***************************************	Well No.	Pool Na	me, Includi	ng Formation		Kind c	f Lease	L	ease No.	
State "B"		2 Bar U Pen			nsvlvanian State,			RANNER K3218				
Location			····· =	1 <u>.e. n. e.</u>								
Unit Letter	K	: 1.98	30	Feet Fro	m The	South Line	and _2310	Fe	et From TheWe	st	Line	
Section	1 Township	9-9	5	Range	32-E	, NM	IPM,	Lea			County	
		~~~~				DAT CAC						
II. TO FIGURATIO	OF TRAN		or Conden	LANI	NATU	Address (Give	address to w	hich anneaved	copy of this fore	n is to he se	ent)	
Enective	<b>4-1-</b> 94	$\langle XX \rangle$					ddress (Give address to which approved copy of this form is to be sent)  P.O. Box 4666, Houston, Texas 72210-4666					
EOTT Energy ( Name of Authorized Tran	iorp	head Gas	XX	or Dry C	Gas []	Address (Give	address to w	_HOUSTOI	copy of this form	n is to be se	4000 eni)	
	•		XX.	0. 2.,		,		• •	.,,,		•	
Warren Petro	Unit	Sec.	Twp.	Rge.	P.O. Box 1589, Tu is gas actually connected?			ılsa, Okla. 74102   When?				
ive location of tanks.		K	1	9-S	32E	Yes			Feb. 2	4, 196	9 	
f this production is commi	ingled with that f	rom any oti	ner lease or	pool, give	commingl	ing order numb	er:					
V. COMPLETION	I DATA			·								
D	· Calation	( <b>V</b> )	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Designate Type of	Completion -		_l	!_		Total Depth		<u>l</u> .l	1.00.00			
Date Spudded		Date Com	pl. Ready to	Prod.		Total Depui			P.B.T.D.			
Elevations (DF, RKB, RT,	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Elevations (Dr, KAB, KI,	Name or 1	roducing r	/III MALION					ruomg Depur				
Perforations						Depth Casin				Shoe		
		-	rubing,	CASIN	G AND	CEMENTIN	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									ļ			
	m proues	TEOD	ALL OW	ADIE					<u> </u>			
V. TEST DATA AN	ND REQUES	TFOR	ALLUW	ABLE	il and must	he equal to or	exceed ton all	awable for this	denth or he for	full 24 hou	urs.)	
OIL WELL (Test must be after recovery of total volume of Date First New Oil Run To Tank Date of Test					u ana musi			ump, gas lift, e				
Date First New Oil Rull 1	U Talik	Date of 16	581				,	1.0				
Length of Test		Tubing Pressure				Casing Pressure			Choke Size			
Lough of 100s		storing a reason										
Actual Prod. During Test		Oil - Bbls.				Water - Bbls.			Gas- MCF			
-									<u> </u>			
GAS WELL												
Actual Prod. Test - MCF	Length of Test				Bbls, Conden	Bbls. Condensate/MMCF			Gravity of Condensate			
<del></del>												
Testing Method (pitot, bad	ck pr.)	Tubing Pr	ressure (Shu	t-in)		Casing Press	re (Shut-in)		Choke Size			
-						J			<u> </u>			
VI. OPERATOR	CERTIFIC	ATE O	F COM	PLIAN	<b>ICE</b>		ייי אי	UCEDY.	ATION D	MAICH	N	
I hereby certify that th	e rules and regul	ations of th	e Oil Conse	rvation		OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						SEP 02 1993						
is true and complete to the best of my knowledge and belief.						Date Approved						
· M	+ U											
Mary Latreen						By ORIGINAL SIGNED BY JERRY SEXTON						
Signature	Production Clerk				-, -	DISTRICT I SUPERVISOR						
Mary L. Gree	Production Clerk Title				Title							
		115-262	2-04-29 e									
8-30-93 Date	<del>-</del>	, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Te	ephone N	lo.							
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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.