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Appropriate District Office
DISTRICT 1
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

I.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator   |                   |  |          | <u> </u>  |  | 27111111111                                   | HONAL G          |                |                 |                       |                          |  |
|--|-------------------|--|----------|-----------|--|---|------------------|----------------|-----------------|-----------------------|--------------------------|--|
| Wagner & Brown, L  |                   | Well API No.<br>30~025-22790                             |          |           |  |   | ) a (            |                |                 |                       |                          |  |
| Address P.O. Box 1714, Mi  | dland.            | тх 7   | 9702     |           |  |   |                  | <u> </u>       |                 | <del></del>           | رن                       |  |
| Reason(s) for Filing (Check proper bax)  |                   |  |          |           |  | Ou  | ner (Please exp  | lain)          |                 |                       |                          |  |
| New Well   |                   | Change i   | n Trans  | porter of | •  |   | (. жее сер       |                |                 |                       |                          |  |
| Recompletion   | Oil               |  | Dry      |           |  |   |                  | Eff.           | 1/1/93          |                       |                          |  |
| Change in Operator X   | Casinghe          | ad Gas   | Cond     | ensate    |  |   |                  |                |                 |                       |                          |  |
| If change of operator give name and address of previous operator                   | Wagne             | er & Bi  | cown     | , P.O     | . E  | 30x 1714                                      | , Midlan         | d, TX          | 79702           |                       |                          |  |
| II. DESCRIPTION OF WELL  | AND LE            | ASE  |          |           |  |   |                  | ,              |                 |                       |                          |  |
| Lease Name   |                   |  | Pool     | Name, ir  | ciudi  | ing Formation                                 | <del></del>      | Kind           | of LeaseSta     | +                     |                          |  |
| Wanda  |                   | 11   | Noi      | th B      | ag]  | ey-Penn                                       | sylvania:        | n State        | , Federal or Fe | .                     | <b>Lease No.</b><br>4478 |  |
| Unit Letter J  | . 1               | L980   |          |           | _  | `<br>`~~+-}-                                  |                  | 1000           |                 |                       |                          |  |
|  | -                 |  | _ Fect 1 | From The  | e <u>_</u> :   | Lin   | e and            | 1980           | eet From The    | East_                 | Line                     |  |
| Section 32 Townshi   | p 119             | <del></del> -  | Range    | 3         | 3E   | , N   | МРМ,             |                | Lea             |                       | County                   |  |
| III. DESIGNATION OF TRAN   | SPORTE            | ER OF C  | IL A     | ND NA     | TU   | RAL GAS                                       |                  |                |                 |                       |                          |  |
| Name of Authorized Transporter of Oil  Amoco Pipe Line Co                          | or Conde          | nsate  |          |           | Address (Give address to which approved copy of this form is to be sent) |   |                  |                |                 | ent)                  |                          |  |
| Name of Authorized Transporter of Casing   |                   |  |          |           |  |   | ox 591, <u>'</u> | Tulsa,         | OK 7410         | OK 74102-0591         |                          |  |
| Warren Petroleum (   | x or Dry Gas tion |  |          |           | Address (Giv   | e address to wi                               | hich approve     | d copy of this |                 | ent)                  |                          |  |
| If well produces oil or liquids,   | Unit              | <del>, ,</del> |          |           |  | Is gas actuall                                |                  |                |                 | .01                   |                          |  |
| give location of tanks.  | J                 | 32   | 1115     | 33        | E  | Ye  | es               | Whe            |                 | mber, 1               | 968                      |  |
| If this production is commingled with that if IV. COMPLETION DATA                  | from any ou       | ner lease or   | pool, g  | ve comm   | ningli   | ing order numi                                | per:             |                |                 |                       |                          |  |
|  |                   | Oil Wel  | <u> </u> | Gas We    | 11   | New Well                                      | Workover         | Danne          | 1 51 5          | 10 0                  |                          |  |
| Designate Type of Completion   |                   | <u>i                                     </u>            | i        |           |  | 1   | WORDIE           | Deepen         | ! Plug Back     | Same Res'v            | Diff Res'v               |  |
| Date Spudded   | pl. Ready to      | l. 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   |                   |  |          |           |  |   |                  |                | 1               |                       |                          |  |
|  |                   |  |          |           |  |   |                  |                | Depth Casin     | g Shoe                |                          |  |
|  | 7                 | UBING,   | CASI     | NG Al     | ND (   | CEMENTI                                       | NG RECOR         | D              |                 |                       |                          |  |
| HOLE SIZE  | CA                | CASING & TUBING SIZE                                     |          |           |  | DEPTH SET                                     |                  |                |                 | SACKS CEMI            | ENT                      |  |
|  |                   |  |          |           |  |   |                  |                |                 |                       |                          |  |
|  |                   |  |          |           |  |   |                  |                |                 |                       |                          |  |
|  |                   |  |          |           | -  |   | <del></del>      |                | -               | <del></del>           |                          |  |
| V. TEST DATA AND REQUES  |                   |  |          |           |  |   | <del></del>      |                | <u> </u>        |                       |                          |  |
| DIL WELL (Test must be after re<br>Date First New Oil Run To Tank                  | covery of to      | tal volume   | of load  | oil and n | nusi è   | be equal to or                                | exceed top allo  | wable for thi  | s depth or be f | or full 24 how        | rs.)                     |  |
| pane That hew On Run 10 Jank   | Date of Test      |  |          |           |  | Producing Method (Flow, pump, gas lift, etc.) |                  |                |                 |                       |                          |  |
| Length of Test   | Tubing Pressure   |  |          |           |  | Casing Pressu                                 | re               |                | Choke Size      | Choke Size            |                          |  |
| Actual Prod. During Test   |                   |  |          |           |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |                  |                |                 |                       |                          |  |
|  |                   |  |          |           | Water - Bbis.  |   |                  | Gas- MCF       |                 |                       |                          |  |
| GAS WELL   |                   |  |          |           |  |   |                  |                | <del>'</del>    | <del></del>           |                          |  |
| Actual Prod. Test - MCF/D  | Length of Test    |  |          |           |  | Bbls. Condens                                 | ate/MMCF         |                | Gravity of C    | Gravity of Condensate |                          |  |
| sting Method (puot, back pr.)  Tubing Pressure (Shut-in)                           |                   |  |          |           | - 1  | Casing Pressur                                | e (Shut-in)      |                | Choke Size      |                       |                          |  |
|  |                   |  |          |           |  | , <b>g</b>                                    | - (5.14 12)      |                | Cloke Size      |                       |                          |  |
| VI. OPERATOR CERTIFICA   | ATE OF            | COMP   | LIAN     | ICE       |  |   |                  |                |                 |                       |                          |  |
| I hereby certify that the rules and regular  | ions of the       | Oil Consers  | ration   |           |  | C   | IL CON           | SERV           | NOITA           | DIVISIO               | N                        |  |
| Division have been complied with and the is true and complete to the best of my kn | at the inform     | nation give  | n above  |           |  |   |                  |                |                 |                       | •                        |  |
| is the and complete to the best of my Er   | lowledge an       | d belief.  |          |           |  | Date  | Approved         | 1              | APR 2           | R 1003                |                          |  |
| - English Turping  |                   |  |          |           |  |   |                  |                |                 | <u>v 1444 </u>        |                          |  |
| Signature  |                   |  |          |           | -  | Orig. Signed by By Paul Kautz                 |                  |                |                 |                       |                          |  |
| Susan Seyedan Operations Clerk   |                   |  |          |           |  | By Paul Kauts Geologist                       |                  |                |                 |                       |                          |  |
| Printed Name 4/19/93   | 015160            | <br>6E0C0  | Tide     |           |  | Title_  |                  |                |                 |                       |                          |  |
| Date   | <u>915) 68</u>    |  | phone N  | 0.        | -  | <del>-</del>                                  |                  |                |                 |                       |                          |  |

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.