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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

New Well Change in Transporter of:	25374
Address P.O. Box 8 Tatum, NM 88267 Reason(s) for Filing (Check proper box) Change in Transporter of:	25374
P.O. Box 8 Tatum, NM 88267 Reason(s) for Filing (Check proper box) Change in Transporter of:	
Reason(s) for Filing (Check proper box) Change in Transporter of:	
New Well Change in Transporter of:	
· · · · · · · · · · · · · · · · · · ·	
Change in Operator Casinghead Gas Condensate	
f change of operator give name and address of previous operator	
•	
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.
Tenneco Sunshine 2 North Bagely Permo Penn State, Federal or Fee	Lease No.
Location	
Unit Letter P : 810 Feet From The South Line and 660 Feet From The Eas	t Line
Section 1 Township 12S Range 32E , NMPM, Lea	County
II DECICNATION OF TRANSPORTED OF OU AND NATURAL GAR	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil To or Condensate Address (Give address to which approved copy of this form is to be	seni)
Permian Scurlock Permian Corperfy 1-91 Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be Permian Corperfy 1-91 P.O. Box 3119 Midland, TX 797	•
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be P.O. Box 1589 Tulsa, OK 74102	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?	
ive location of tanks. I 1 12S 32E Yes	
f this production is commingled with that from any other lease or pool, give commingling order number:	
V. COMPLETION DATA	
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res	'v Diff Res'v
Date Spudded Date Compl. 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 Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CI	EMENI
	· · · · · · · · · · · · · · · · · · ·
V. TEST DATA AND REQUEST FOR ALLOWABLE	
OIL WELL (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. Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	hours.)
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 - Bbls. Gas- MCF	
GAS WELL	
Actual Prod. Test - MCF/ID Length of Test Bbla. 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	
1 hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVIS	ION
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 416 1989	
ORIGINAL SIGNED BY JERRY SEXTOR	•
SignaDianny R. Watson Open By DISTRICT I SUPERVISOR	
Oper •	' *
Printed Name Title Title	
8=2=89 398=3490 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.

RECEIVED

AUG 3 1989

OCD Hobbs Office