Submit 5 Copies
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, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQUEST F	OR ALLOW	ABLE AND	AUTHOR	IZATION	1		
Operator TO TRANSPORT OIL AND NATURAL					Well API No.			
Address Pacific Enterprises Oil Company (USA)				····				
Reason(s) for Filing (Check proper box,	Suite 500 West	. Midland,	Texas	79705				
New Well	,	Transporter of:	[X] O	ther (Please exp	•			
Recompletion	Oil		l c	hange of	operat	or name	from	
Change in Operator	Casinghead Gas		T E	erra Reso ffective	Durces,	Inc.	1000	
If change of operator give name and address of previous operator	N/A			TECTIVE	Dare:	ADELL 24	1989	
II. DESCRIPTION OF WELI								
New Mexico State Com	1 -				of Lease Lease No.			
Location State Coll	1 1	Mescalero	Morrow,	West	386	eafogeral or Fe	L3861	<u> </u>
Unit LetterM	:_860	Feet From The _	South L	ne and660		Feet From The	West	Line
Section 19 Towns	hip 10S	Range 26E	32 E , N	ІМРМ,	Cha	wes Le	20	County
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTER OF OI	L AND NATI	URAL GAS					
Koch Services, Inc.	Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casis	P.O. Box 1558, Breckenridge, TX 76024 Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleum Co. If well produces oil or liquids,	P.O. Box 283, Tulsa, OK 74102							
give location of tanks.	e. Is gas actually connected? When?							
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	10S 26E ool, give comming	I Yes	ber:		2 <u>-27-</u>	79	
	Oil Well	Gas Well	New Well	Workover	Deepen	Plue Rack	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded		İ	.i			1	L	
Dine Spanie	Date Compl. Ready to 1	Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations	<u> </u>	·····	<u>.l</u>			Depth Casing	g Shoe	
				· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	t	NG RECORE)	· · · · · · · · · · · · · · · · · · ·				
THOUL OILE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
. TEST DATA AND REQUES	L T FOR ALLOWAL	RLE	<u> </u>			1		
			be equal to or i	exceed top allow	able for this	t denth or he fo	or full 24 hours	. 1
Pate First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					·/	
ength of Test	Tubing Pressure		Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		
GAS WELL					· · · · · · · · · · · · · · · · · · ·	L		
ctual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICATE OF COMPLIANCE						L		
I hereby certify that the rules and regulations of the Oil Conservation				IL CONS	SERVA	ATION D	IVISION	1
Division have been complied with and that the information given above			OIL CONSERVATION DIVISION JUN 6 1989					
is true and complete to the best of my kr	nowledge and belief.		Date /	Approved		JUN	0 1000	
Ild W								
Signature	By ORIGINAL SIGNED BY JERRY SEXTON							
Robert Williams Printed Name				ICT I SUPER				
May 16, 1989	Tit (915) 68	4-3861	Title_					
Date.	Telepho	na No	İ					

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 1213.
 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.

 Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

188 45 1989

* Company

OCD HOBBS OFFICE