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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

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 RANSPORT OIL AND NATURAL GAS

1.	10 102	MOPONI OIL	AND NATOTAL OF						
Operator PrimeEnergy Co.	PrimeEnergy Corporation					Well API No. 30-025-27221			
Address 731 W. Wadley,	Bldg. L-220	, Midland,	rx 79705				ŀ		
Reason(s) for Filing (Check proper box)			Other (Please expla	in)					
New Well	Change in Transporter of:						•		
Recompletion	Oil Dry Gas Effe				Date: Au	ıgust	1, 1991		
Change in Operator XX	Casinghead Gas								
			500 W. Wall, Ste	200	Midland	TY 797	701		
and address of previous operator		an contrary,	300 W. Mall, Bee	2007	THE CHARLET		01		
II. DESCRIPTION OF WELL	AND LEASE Well No.	Pool Name, Includi	ng Formation	Kind o	(Lease	Le	ase No.		
Lesse Name Holcomb 18 Federal	_		n Andres (Assoc) State		Federal or Fee LC 068035				
Location Unit LetterG	. 1980	Feet From The N	North Line and 1980	0 _{Fe}	et From The Ea	ast	Line		
	J								
Section 18 Township	9 /	Range 38E	, NMPM,	Lea			County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O		RAL GAS Address (Give address to wh	ich approved	copy of this form	is to be ser	<u>ਪ</u>)		
A The same of the				61, Abilene, TX 79608					
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas V	Address (Give address to wh	ich approved	copy of this form	is to be ser	v)		
: Warren Petroleum (or bry care	P.O. Box 158				:		
· · · · · · · · · · · · · · · · · · ·	- 	Twp. Rge.	Is gas actually connected?	When	•	14102			
If well produces oil or liquids, give location of tanks.	Umi Sec. 18	95 38E	Yes			982			
If this production is commingled with that			 			702			
IV. COMPLETION DATA	from any other lease of	poor, give containing	ing ofoci barries.						
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v		
Designate Type of Completion	1			<u> </u>	,		<u> </u>		
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 Sh	oe .			
					<u>L</u>				
	TUBING	CASING AND	CEMENTING RECOR	D	·				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
					ļ				
			<u> </u>		L				
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE				.// 74 haim)		
OIL WELL (Test must be after r	ecovery of total volume	of load oil and must	be equal to or exceed top allo	wable for this	depin or be for fi	ul 24 hour	3.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas lyπ, e	ic.)		Ė		
				Choke Size					
Length of Test	Tubing Pressure		Casing Pressure		Choke Size				
D. J. D. J. Tree			Water - Bbls.		Gas- MCF				
Actual Prod. During Test	Oil - Bbls.								
GAS WELL					Tomula of Ca- 4	encate			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
h		Charles (Charles)		Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choice Size				
VI. OPERATOR CERTIFIC	'ATE OF COM	PLIANCE.		.0551	ATION D	VIOIC	A I		
I hereby certify that the rules and regul			OIL CON	ISERV	ATION DI	VISIC	N		
Division have been complied with and				1991	i				
is true and complete to the best of my knowledge and belief.			Date Approved						
///////			Date Applove	J					
Hat I la car			Orin S	Orig Signed by					
Stomatho			By Orig. Signed by.						
Parl Levea District Manager			Geologist						
Printed Name	915 682-5600	Tide	Title		·				
Dale Dale		lephone No.							
Date / /	16	p	11						

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
- 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.