Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, Minerals and Natural Resources Departme...

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		OTRAN	ISPORT OIL	AND NA	TURAL GA	\S	DI No			
PrimeEnergy Con	nergy Corporation					Well API No. 30-025-27228				
731 W. Wadley,	Bldg. I	J-220 ,	Midland,	TX 79705						
uson(s) for Filing (Check proper box) w Well completion ange in Operator	Other (Please explain) Change in Transporter of: Oil Dry Gas Effective date: August 1, 1991 Casinghead Gas Condensate								1991	
hange of operator give name address of previous operator Bra			n Company,	500 W.	Wall, St	e. 200,	Midland	1, TX 797	01	
DESCRIPTION OF WELL A Passe Name Arco 19 Federal		SE Well No. 1	Pool Name, Includ Sawyer	ling Formation (San A	ndres) <i>č</i>	Kind (State,	Of Lease Federal or Fee	عد NM06	ase No. 59	
Unit LetterI	: 1650)1	Feet From The	South Li	se and50	1 <u>0</u> Fe	et From The .	East		
Section 19 Township	9.5	1	Range 38	E , N	мрм,	L	ea		County	
ame of Authorized Transporter of Oil BML Inc. ame of Authorized Transporter of Casing Warren Petroleum (Transporter of Casinghead Gas or Dry Gas X Petroleum Company				Address (Give address to which approved copy of this form is to be sent) P.O. Box 5061, Abilene TX 79608 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102 Is gas actually connected? When?					
f well produces oil or liquids, ve location of tanks.	I 19 95 38E			Y	Yes			8-11-81		
this production is commingled with that V. COMPLETION DATA	from any othe		ool, give comming		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Cas well	i	Ĺ	L	i	İ	<u>i</u>	
Pale Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations	1						Depth Casii	ng Shoe		
	T	UBING,	CASING ANI	CEMENT	ING RECO	RD				
HOLE SIZE	- 1011G - TIONG			DEPTH SET			SACKS CEMENT			
7. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWA	BLE	er be equal to	or exceed top a	llowable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load oil and mi	Producing 1	Method (Flow,)	ownp, gas lifi,	eic.)	<u> </u>		
	T. L.			Casing Pres	Casing Pressure			Choke Size		
Length of Test	Juding PTE	Tubing Pressure						Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bo	Water - Bbls					
GAS WELL		-		Phie Cond	lensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test						Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pre	Casing Pressure (Shut-in)			CHOKE SIZE		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regr Division have been complied with an is true and complete to the best of my	ulations of the d that the info	Oil Conser	vation		te Approv J	ved Orig. Sign Paul Ka	NG 13	DIVISIO 1991	NC	
Signature Earl Levea	Earl Levea District Manager					\ Geolog	ist ——			
Printed Name / /9 /	915 68			- Tit -	le					
Date		Tel	ephone No.	11					مجنورين	

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.

Bond OK Dean