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

State of New Mexico energy, Minerals and Natural Resources Departs. at

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

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	R ALLOWAE						
Operator PrimeEnergy Co	Well					API Na 30-025-27247		
Address 731 W. Wadley,	Bldg. L-220,	Midland, T	rx 79705					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name BY	~				tive Da		gust 1,	
and address of previous operator		iii conparty,	300 W.	Marry De	2007			
II. DESCRIPTION OF WELL Lease Name Holcomb 18 Federal	Well No.				of Lease Federal) or Federal	Lease Lease No. LC-068035		
Location Unit Letter C	: 1980	Feet From The	Vest Li	e and <u>76</u> 0) Fe	et From The .	North	Line
Section 18 Township	p 98	Range 38E , NMPM, L		Le	a County		County	
III. DESIGNATION OF TRAN	SPORTER OF OU	L AND NATU	RAL GAS					
Name of Authorized Transporter of Oil BML, Inc.	or Condens	ale		Box 506				
ame of Authonzed Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company			Address (Giv	e oddress to wi Box 158	hich approved	copy of this form is to be sent) .sa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit Sec. 1	Twp. Rge. 95 38E	Is gas actuall	y connected?	Wike	1982	·	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give comming!	ng order num		Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	İ	İ	<u>i </u>	Ĺ	i	<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			<u> </u>			Depth Casin	g Shoe	
HOLE SIZE	TUBING, (CEMENTING RECORD DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR ALLOWA recovery of total volume of	BLE of load oil and must	be equal to o	r exceed top all	lowable for thi	s depth or be	for full 24 hou	ors.)
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	wr.p, gas lift, i	:IC.) 		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.	Water - Bbis.			Gas- MCF			
GAS WELL			Inthe Conde	AA 4C F		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularision have been complied with and is true and complete to the best of my	ilations of the Oil Conserved that the information give	vation		` TO_	ed	ATION	DIVISK	ON
Signature Far Levea	District M			8, 11	eologist			
Printed Name	915 682-5600 Tele	Phone No.	Title	9				

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.