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

State of New Mexico argy, Minerals and Natural Resources Departma

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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|--------------------------------------------------------|---------------------------------|-----------------------------|-------------|-------------|-----------------------|---------------------------|---------------------------------------------------|-----------------|-----------------------|-------------|--|--|
| PrimeEnergy Co | | | | | | | Well API No. 30-025- | | | | | |
| 731 W. Wadley, | Bldg. I | | Midl | and, T | x 79705 | | | | | | | |
| | | • | | | | et (Please expla | zin) | | | | | |
| eason(s) for Filing (Check proper box) | c | Dange in T | 'ransoorte | er of: | | | | | | | | |
| lew Well | Oil | | огу Gas | | E | ffectiv | e date | e: Augu | st 1, 1 | 991 | | |
| ecompletion | Casinghead | _ | Condensa | te 🗍 | | | | | | | | |
| hange in Operator XX change of operator give name BY: | | | | | 500 W | Wall, St | e. 200 | Midland | d. TX 79 | 701 | | |
| a address of previous operator | | | n Com | parry, | 300 W. | Mail, Be | C. 200 | , radiask | | | | |
| . DESCRIPTION OF WELL | | SE Well No. F | Pool Nam | e Includin | g Formation | | Kind | of Lease | | ease No. | | |
| ease Name Bass State | | | | | ds San Andres E | | | Federal or Fe | Federal or Fee L-6444 | | | |
| ocation | | | | | _ | | _ | | | | | |
| Unit Letter H J | _ :198 | 10 1 | Feet From | n The No | orth Lin | e and203 | 01 | Feet From The | _West | Line | | |
| Section 7 Townshi | 1 05 | 1 | Range | 37 E | , N | мрм, | Lea | | | County | | |
| II. DESIGNATION OF TRAN | SPORTER | OF OIL | L AND | NATUE | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oil | X | or Condens | ale [| | Address (Gir | ve address to w | | | | | | |
| BML Inc. | | | | | P.O. | Box 50 | 61, A | oltene, | form is to be se | 7.0 U.O | | |
| Name of Authorized Transporter of Casin | | | or Dry G | 25 | | ne address to w | | | | | | |
| Warren Petroleum (| | | | | | Box 15 | | | K /410 | 14 | | |
| If well produces oil or liquids, | | | Twp | | - | ly connected? | Wh | | | | | |
| ive location of tanks. | N | 5 | 105 | 37E | Ye | | L | 2-82 | | | | |
| this production is commingled with that | from any other | r lease or p | ool, give | commingli | ng order nurr | ber: | | | | | | |
| V. COMPLETION DATA | | | | | | | 1 - | No. of Process | Came Beels | Diff Res'v | | |
| D .: T6 C1::! | ~ | Oil Well | G | s Well | New Well | Workover | Deepen | i Plug Back | Same Res'v | l l | | |
| Designate Type of Completion | | 1 | <u></u> | | Total Depth | <u> </u> | 1 | P.B.T.D. | _1 | | | |
| Date Spudded | Ided Date Compl. Ready to Prod. | | | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pr | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing De | Tubing Depth | | | |
| Perforations . | 1 | | | | 1 | | | Depth Cas | ing Shoe | | | |
| | | | | . <u></u> | | | | | | | | |
| | T | UBING, | CASIN | IG AND | CEMENT | ING RECO | <u>ന</u> | | SACKS CEL | ENT | | |
| HOLE SIZE | | | | | DEPTH SET | | | | SACKS CEMENT | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | ļ | | | | | | | |
| | | | | | <u> </u> | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR A | LLOWA | BLE | | | | | aria danah ne b | a for full 24 ho | ure) | | |
| OIL WELL (Test must be after | recovery of to | eal volume o | of load o | il and must | be equal to | r exceed top at | Howable for | inis depin or b | E JUN JIMI 24 NO | | | |
| Date First New Oil Run To Tank | Date of Ter | | | | Producing N | Method (Flow,) | pump, gas ly | n, eic.) | | | | |
| 1 | | | | | | | | | Choke Size | | | |
| ength of Test Tubing Pressure | | | | Casing Pres | sure | | CHORE SIZ | Choke Size | | | | |
| | | | | | ļ.,, | | | Gas- MC | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bb | Water - Bbls | | | | | | | |
| | | | | | 1 | | | | | | | |
| GAS WELL | | | | | | | <u></u> | TO | (Condensate | | | |
| Actual Prod. Test - MCF/D | Length of | Length of Test | | | Bbis. Condensate/MMCF | | | Gravity o | Gravity of Condensate | | | |
| | | | | | | | | Choke Si | 7£ | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pre | Casing Pressure (Shut-in) | | | Close Size | | | |
| | CATT OF | 2001 | OT TAP | ICE | 1 | | | | | | | |
| VI. OPERATOR CERTIFIC | CATEO | COMP | LLIAN | NCE. | | OIL CO | NSER | VATION | 1 DIVISI | ON | | |
| I hereby certify that the rules and reg | ulations of the | Oil Conser | vation | | | | | | | | | |
| Division have been complied with an | nd that the info | rmation giv | en above | ; | _ | | | 1 1 | 1001 | | | |
| is true and complete to the best of m | y knowledge a | us ociici. | | | ∥ Da | te Approv | /ed | | 1331 | | | |
| | | | | | | O) | rig. Sign | ed b y . | | | | |
| 1 asofula | | | | | By | | Paul Ka | utz | | | | |
| Signature Earl Levea | Dis | trict 1 | Manag | jer | -, | | Geolog | B Q | | | | |
| Printed Name | | | Title | | Tit | le | | : | | | | |
| 8/8/9/ | 915 68 | | | | | | | | | | | |
| Date | | Tel | ephone i | 1 0. | 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 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.

Lord CK - Dianos

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CON HOBBS OFFICE