Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQ		OR ALLOWANSPORT C			AS				
Operator SOUTHEASTERN PETROLEUM, INC.					Well API No. 30-025-28552					
Address				<del></del>			020 2000	*		
P.O. BOX 1893 F Reason(s) for Filing (Check proper box)	ROSWEL	L, NM	88202	7 0	her (Please expl	'ain')				
New Well			Transporter of:	<del></del>	ffective	,				
Recompletion	Oil Casinghe		Dry Gas Condensate	J	IICCCIVC	1/1/54				
If change of operator give name				<del></del>	0 - 1110	2 14 31	and MV	70702	<del></del>	
and address of previous operator			axter , .	P. J. B	OX 1119.	3 M1Q1	and, TX	79702		
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Included the Name   Pool Name   Pool Name   Name					ding Formation   Vind			of Lease Lease No.		
Rob Clay State #1 East Ca					=			Federal or Fee B-9948-6		
Location Unit Letter F	_: <u>19</u>	80'	Feet From The	West Li	ne and _1650	)	eet From The	North	Line	
Section 23 Townshi	ip 12	South	Range 32	East ,N	IMPM, Le	ea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NAT	URA'L GAS						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
EOTT Energy Corp.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 4666 Hoston TX 77210-4666  Address (Give address to which approved copy of this form is to be sent)					
Warren					Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23	Twp.   Rg	e. Is gas actual	ly connected? es	When			<del></del>	
If this production is commingled with that	from any oth	er lease or p	I							
IV. COMPLETION DATA	•				<u> </u>					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	me Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.		L	
Elevations (DF, RKB, RT, GX, etc.)	Top Oil/Gas	Top Oil/Gas Pay								
				Top Old Gas Tay			Tubing Depth			
Perforations				Depth Casing Shoe						
TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE CASING & TU			BING SIZE	DEPTH SET			SACKS CEMENT			
			<del></del>							
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must					exceed top allo	wable for this	depth or he for	full 24 hours	1	
Date First New Oil Run To Tank	New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MC:F			
GAS WELL				<u> </u>			<u> </u>			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-ii	a)	Casing Pressure (Shut-in)			Choke S.ze			
(II ODED ATOD CEDTURE)	A TIPE 67		Y 4 3 7 2 2 2 2	<u> </u>		<del></del>				
VI. OPERATOR CERTIFICA  I hereby certify that the rules and regular					DIL CON	SERVA	ATION DI	VISIO	J	
Division have been complied with and that the information given above										
is true and complete to the best of fuy knowledge and belief.					Date ApprovedMAR 0 8 1994					
my/	<u> YN (</u>	1								
Signature PRESIDENT					ORIGINAL SIGNED BY JERRY SEXTON					
Printed Name Title					Title DISTRICT I SUPERVISOR					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

01/19/94

Date

- 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.

(505)625-0204

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