

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator
Discovery Operating, Inc. Well API No. 30-025-31925
Address 800 N. Marienfeld, Suite 100, Midland, Tx 79701
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of: ☒ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of well name from the
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ Bonds Federal #2
If change of operator give name and address of previous operator Beach Exploration, Inc. 800 N. Marienfeld, Suite 200, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE
Lease Name Federal 5 Well No. 1 Pool Name, Including Formation Vada (Penn) Kind of Lease State, Federal or Fee NM Lease No. 71790
Location
Unit Letter L : 2130 Feet From The South Line and 660 Feet From The West Line
Section 5 Township 9S Range 35E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
If this production is commingled with that from any other lease or pool, give commingling order number.

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
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 Shoe

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Flowing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature Michelle Cook
Printed Name Michelle Cook Production Clerk
Date 8/2/93 Title (915) 683-5203
Telephone No.

OIL CONSERVATION DIVISION
Date Approved AUG 04 1993
By Orig. Signed by Paul Kautz
Title Geologist

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.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Rate Form C-104 must be filed for each pool in multiply completed wells.