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

State of New Mexico

Ene. ', Minerals and Natural Resources Department

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

I.	T	OTRAN	SPORT OIL	AND NA	TURAL GA					
Operator / AUTO A FAIR PROPERTY					Well API No.					
LAYTON ENTERPRISES INC.						30	-041-00076			
3103 79TH ST. LUBBOCK, TEXAS 79473										
Reason(s) for Filing (Check proper box)			_	Oth	स (Please expla	iin)			Ì	
New Well		Change in Tr	- —						1	
Recompletion	Oil Control	_	ry Gas							
Change in Operator If change of operator give name	Casinghead		ondensate		(C DOO!)			4 44		
and address of previous operator DESIGNATED BELOW. IF YOU DO NOT CONCUR										
II. DESCRIPTION OF WELL A	IND LEA	SEIFY THI	S OFFICE.		- 	<u> </u>				
	FOX ("STATE I ALLISON				SAN ANDRES 7/1/97 Kind of State, I			_ • -		
Location Unit Letter G: 2310 Feet From The NORTH Line and 2310 Feet From The EAST Line										
Section 36 Township 85 Range 36E , NMPM, POOSE VELT 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) 88210										
Name of Authorized Transporter of Oil or Condensate PO DRAWER 159 ARTESIA, NEW MEXICO										
WARREN PETRO	Address (Give address to which approved copy of this form is to be sent) PD DOX 1589 TULA, DK 74107									
If well produces oil or liquids,										
give location of tanks.	i G i		85 36E		?ES	i	11-11	1-91		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. 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		Pendy to P		Total Depth		L	DRTD	l		
Date Spudded Date Compl. Ready to Prod. 2 - 3 - 97				9785			P.B.T.D.	8900	ا د	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth							
4055 GL SAN ANDRES			4840			5100				
Perforations 4840-60 4894-4908					Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
17 1/4	133/8			389			400 CIRC.			
(1	8 ⁵ /8			4175			1800 CIRC.			
۵/۲ ۲	5 1/2			9785			1500			
V. TEST DATA AND REQUEST FOR ALLOWABLE										
OIL WELL (Test must be after re								for full 24 hou	rs.)	
Date First New Oil Run To Tank 2-5-92	Date of Test	7-1	1-97	Producing M	ethod (Flow, pr	ump, gas lift, e ~ P	ic.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Z4HRS. Actual Prod. During Test	20 Oil - Bbls.			Water - Bbls.			Gas- MCF			
107 8015		<u> </u>		105			6.3 MCF			
GAS WELL	,			· =			18			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. 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 in the best of my knowledge and belief.				OIL CONSERVATION DIVISION Date Approved						
Signature					DOM	41 SIGNED	EY JERRY	' SEXTON		
DAZIN LAYTON VILE PRESIDENT					ŗ	HEYRICT I	SUPERVISO)R		
Printed Name 7 - 14 - 9 2 Date Title 7 - 14 - 9 2 Telephone No.										
LFACE		I elebt	RAISE 170.	<u> </u>						

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.