

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

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  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

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

**I.**

Operator <b>LAYTON ENTERPRISES, INC.</b>	Well API No. <b>30-041-00170</b>
Address <b>3103 79<sup>TH</sup> ST. LUBBOCK, TX. 79423</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> <b>CHANGE LEASE NAME</b> Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <b>(FORMERLY EL ZORRO "F" FEDERAL)</b> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Cancel Allison Penn</b>	

**II. DESCRIPTION OF WELL AND LEASE** 3/1/93

Lease Name <b>EL ZORRO "E" FEDERAL</b>	Well No. <b>3</b>	Pool Name, including Formation <b>ALLISON SAN ANDRES EAST</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM02218</b>
Location Unit Letter <b>H</b> : <b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line Section <b>28</b> Township <b>8S</b> Range <b>37E</b> , NMPM, <b>ROOSEVELT</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>NAVAJO REFINING CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 159 ARTESIA, N.M. 88210</b>					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> <b>WARREN PETROLEUM CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589 TULSA, OKLAHOMA 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>8</b>	Sec. <b>33</b>	Twp. <b>8S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>YES</b>	When? <b>1972</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <b>11-17-1972</b>		Total Depth <b>9513</b>		P.B.T.D. <b>5030</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4018 GL</b>	Name of Producing Formation <b>SAN ANDRES</b>		Top Oil/Gas Pay <b>4798</b>		Tubing Depth <b>4850</b>			
Perforations <b>4798, 4806, 4810, 4814, 4819, 4822, 4828, 4848, 4850, 4854, 4862, 4866, 4872, 4876</b>					Depth Casing Shoe <b>5073</b>			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2</b>	<b>13 3/8</b>		<b>343</b>		<b>350 - Circ.</b>			
<b>11</b>	<b>8 3/8</b>		<b>4206</b>		<b>1800 - Circ.</b>			
<b>7 7/8</b>	<b>5 1/2</b>		<b>5073</b>		<b>175</b>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** This test taken from C-116  
(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 <b>NA</b>	Date of Test <b>7-30-92 NA</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>3</b>	Water - Bbls. <b>5</b>	Gas- MCF <b>20</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 to the best of my knowledge and belief.

**Donald R. Layton**  
Signature  
**DONALD R. LAYTON**  
Printed Name  
**9-2-92**  
Date  
**PRESIDENT**  
Title  
**806/285-4638**  
Telephone No.

**OIL CONSERVATION DIVISION**  
**SEP 15 '92**  
Date Approved \_\_\_\_\_  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

**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.

9-15-92  
Bill Allison Penn  
District I Supervisor