Submit 5 Copies Appropriate District Office DISTRICT 1 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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

•							RIZATION				
I. Operator		O THAI	NSPC	HIOI	_ AND N	ATURAL		API No.			
TKL OIL PROPERTIES	, INC.						í		1-104	79	
Address	, INC.							<u> </u>			
2343 E. 71st., Ste.	. 495,	Tulsa	a, 0	K 74	4136						
Reason(s) for Filing (Check proper box)					O	ther (Please e	xplain)				
New Well	(Change in I	-	er of:							
Recompletion	Oil	_	Dry Gas								
Change in Operator X	Casinghead	Gas []	Condens	ate							
If change of operator give name and address of previous operator Mims	s Texas	s Oil	& G	as,	7060 S	. Yale	, Ste.	707, T	ulsa, (OK 741	
II. DESCRIPTION OF WELL									······		
Lease Name Morgan "B" Ld	·				ng Formation		1 -	of Lease Federal or F		.ease No.) 5 5 8 2 8	
Morgan "B" A	inal -	2 10	Cliav	e100,	, San A	ndres			MM=	755626	
Unit LetterG	: 198	<u>O1</u>	Feet From	m The	N Li	ine and	180 ₁	Feet From The	E	Line	
Section 26 Township	7S		Range	33E	1	умрм , R	oosevel	+		County	
		<u> </u>			•		000000			County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF OII		NATU			which approve	d copy of this	form is to he	eni)	
mobil tepiline							арргоче		,		
Name of Authorized Transporter of Casing		□ X (or Dry G	as	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? Wh					? Whe	n ?				
		L) 6 5						
If this production is commingled with that f IV. COMPLETION DATA	rom any ouner	riease or po	ooi, give	commingi	ing order nur	nder:					
Designate Type of Completion -	(Y)	Oil Well	Ga	s 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.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	N. CD. L				Top Oil/Gas Pay			T. 1: D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				100 012 013	,,,		Tubing De	Tubing Depth			
Perforations								Depth Casi	ng Shoe		
	TU	BING, C	CASIN	G AND	CEMENT	ING RECO	ORD	_!			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								_			
U TEST DATA AND DEGUES	T FOD AL	LOWA	DIE		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	he equal to c	r arcaed ton	allowable for th	ie danth or he	for full 24 hou	re l	
Date First New Oil Run To Tank	Date of Test	i volume oj	ioda ou	ana musi	,		pump, gas lift,		jor just 24 nos		
	Date of Year						1.0.				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Conde	nsate/MMCF		Gravity of	Condensate	·· · -	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
					\						
VI. OPERATOR CERTIFICA	ATE OF C	COMPL	JANC	CE	[[011 00	NICEDY (ATION	רו אירי	\A.I	
I hereby certify that the rules and regular						OIL CC	NSERV	AHON	אואוטו	ЛV	
Division have been complied with and the is true and complete to the best of my kn			above		H						
TKL Oil Properties,	MINC.	JEHEI.			Date	e Approv	ed	·			
	Longe	•									
Signature Signature	wron	<u> </u>			By_	- 12/14/		(YY.)	SKION		
Norma DeLonais Printed Name	Vic	e-Pre	side	ent	11	,					
4/5/91 Date		8) 497 Telent				!					

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
- 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.