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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>. </u>	TC	TRAN	<u>ISPO</u>	RT OIL	AND NA	TURAL GA		DI Ma				
Operator TKL OIL PROPERTIES,									Well API No. 30-041-10504			
Address 2343 E. 71st., Ste.	495,	Tulsa	a, O	K 74	136							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		hange in T	~	er of:	Out	es (Please expla	ain)					
If change of operator give name and address of previous operator Mims	Texas	Oil	& G	as, 7	060 S.	Yale,	Ste. 7	07, Tu	ılsa, O	K 74136		
II. DESCRIPTION OF WELL	AND LEAS	E										
Lease Name Federal 27		ell No. P			ng Formation San An	dres Fe	10	of Lease Federal or Fe	e	27782		
Location Unit LetterA	: 660	2 F	Feet From	n The	Lin	e and	60 Fe	et From The	E	Line		
Section 27 Township	7S	<u>F</u>	Range	33E	, N	мрм, Roc	sevelt		- · · · · · · · · · · · · · · · · · · ·	County		
III. DESIGNATION OF TRANS				NATU	RAL 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)					nt)		
If well produces oil or liquids, give location of tanks.		i	ſwp.	Rge.	1.05			?				
If this production is commingled with that f IV. COMPLETION DATA	rom any other	lease or po	ool, give	commingl	ing order num	ber:						
Designate Type of Completion -		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
tle Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.	J	-		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe				
	TU	BING, C	CASIN	G AND	CEMENTI	NG RECOR	.D	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
										<u></u>		
V. TEST DATA AND REQUES					h		awahla far thi	denth on he	for full 24 hour	J		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	volume of	1044 01	ana musi		ethod (Flow, pi			jor just 24 nous	3.7		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL					•					J		
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 to the best of my knowledge and belief. TKL Oil Properties Inc Signature Norma DeLonais Vice-President					OIL CONSERVATION DIVISION Date ApprovedAMB 2 1 1991 ByORIGIN DIVISIONA							
Norma DeLonais Printed Name 4/5/91 Date		1 8)492	lite	47_	Title	see 1						

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.