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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TC	) TRAN	<u>ISPC</u>	RT OIL	AND NAT	UHAL GA	Well A	DI No		<del></del>	
Operator				÷			Well A	30-0°	11-10	729	
TKL OIL PROPERTIES,				<del></del>				<u> </u>	<u> </u>	30 1	
2343 E. 71st., Ste.	495,	Tulsa	a, O	K 74	136	r (Please expla	in l				
Reason(s) for Filing (Check proper box) New Well	a	hange in T	ranspor	ter of:	Oue	i (Fiesse explo	<i>,</i>				
Recompletion	Oil		Dry Gas	F 1							
Change in Operator	Casinghead C	Gas 🔲 (	Condens	sate 🗌							
If change of operator give name and address of previous operator  Mims	Texas	Oil	& G	as, 7	060 S.	Yale,	Ste. 7	07, Tu	lsa, 0	K 7413	
II. DESCRIPTION OF WELL	ANDIFAS	F									
Lease Name	ng Formation Kind o			Lease No.							
Federal 24	1	5	Chav	eroo,	San And	ires 🔁	E. State	Federal or Fee	NM-0	127782	
Location	.1980	`			<b>x</b> /	. 61	00Fe	. 5 70	3	Line	
Unit Letter H	:1 100		Feet Fro	om The	_/V Line			et From The _		Line	
Section 24 Township 7S Range 33E , NMPM, Roosevelt County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Fransporter 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 s									ent)		
If well produces oil or liquids,		ec.	Twp.	Rge.	Is gas actually connected? When ?						
give location of tanks.	<u>i i</u>	i	•	<u>i                                    </u>							
If this production is commingled with that i	from any other	lease or p	ool, giv	e comming!	ing order numb	er:					
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<b>01. 01.</b>	i		ii				<u> </u>	<u>i</u>	
Date Spudded	dded 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 Dep	Tubing Depth		
Perforations								Depth Casing Shoe			
	TUBING, CASING AND				CEMENTING RECORD			7			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			<del> </del>	SACKS CEMENT		
	<del> </del>							<del> </del>			
	<del> </del>										
V. TEST DATA AND REQUES	ST FOR AL	LOWA	BLE		1	amanad tam all	awabla Goz thi	is death or he	for full 24 hou	re l	
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of Test	l volume o	of load o	oil and must	Producing Me	exceed top aud thod (Flow, pr	emp. eas lift.	s aepin or ve eic.)	jor juli 24 noi	<i>(</i> /3.)	
Date First New Oil Run 10 Tank											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
Actual From During Foot	Oil - Bois.										
GAS WELL											
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 CERTIFIC				ICE		DIL CON	ISERV	ΔΤΙΩΝ	DIVISIO	DN	
I hereby certify that the rules and regul				, THOIN		J14					
Division have been complied with and is true and complete to the best of my	n=1	A	اه.								
TKL Oil Properties		<del>-</del>	,		Date	Approve	<b>a</b>		· · · · · · · · · · · · · · · · · · ·		
1 ema	<sub> </sub>										
Signature		-		<b>3</b>	<sup>Dy</sup>						
Norma DeLonais Vice-President Printed Name Title						Title					
4/5/91 (918) 492-3047 Date Telephone No.								<del></del>			

- 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.