

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator High Plains Oil Company

Address P. O. Box 141 Tatum, New Mexico 88267

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain) Effective 7-1-87

If change of ownership give name and address of previous owner Geror Oil Ltd 1962 - P. O. Box 5947, Tucson, Arizona 85703

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Card Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Chaveroo (SA)</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM-05077-A</u>
Location				
Unit Letter <u>E</u>	: <u>1980</u>	Feet From The <u>N</u>	Line and <u>660</u>	Feet From The <u>W</u>
Line of Section <u>27</u>	Township <u>7S</u>	Range <u>33 E</u>	, NMPM, <u>Roosevelt</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2080, Dallas, Texas 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>City Cities Service NGL, Inc. oil & Gas Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 300, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>27 7 33</u>
Is gas actually connected?	When <u>Yes 1966</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Bobby Souter
(Signature)
President
(Title)
8-17-87
(Date)

OIL CONSERVATION DIVISION

AUG 25 1987

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Designate Type of Completion - (X)		Oil Well	Gas 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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

7. TEST DATA AND REQUEST FOR ALLOWABLE *(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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

WEL 21.011

1972-1973
ESTIMATED

64-10402

WEL 21.011

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