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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>l</u>	I	OTRA	NSF	PORTOIL	AND NA	TURAL GA					
Operator EP Operating Company	ting Company					Well API No. 30-41-20267					
Address 6 Desta Drive, Suite	5250	Mid	lano	d, Tx.	79705-55	520	1				
Reason(s) for Filing (Check proper box)					Othe	T (Please expla	rin)				
New Well		Change in	Tmac	norter of:		i (i ioaso aspira	· ,				
Recompletion	Oil	_	, -								
Change in Operator	Casinghead	Gas XX	Cond	ensate							
If change of operator give name and address of previous operator								· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL A	AND LEA	SE					=				
ease Name Well No. Pool Name, Include N.M. (54) Federal 1 Vada (F								i of Lease Lease No. 0272961			
Location	1	1980			Foot	1.0	100		C 1-		
Unit Letter	:	1900	_ Feet :	From The	East Line	and	980 Fe	et From The	South	Line	
Section 27 Township	8-S		Rang	е 36-Е	, N	MPM, Ro	osevelt			County	
III. DESIGNATION OF TRANS				ND NATU		a addaga tol	tiah annayad	anni of this f	inne in to be no		
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)											
Mobil Pipeline Compa	P. O. Box 900 Dallas, Tx. 75221										
Name of Authorized Transporter of Casing	y Gas	Address (Give address to which approved copy of this form is to be sent)									
Trident NGL, Inc.		d Gas X or Dry Gas				30x 50250) Midla	nd, Tx. 79710			
If well produces oil or liquids,						y connected?	When				
give location of tanks.	Gİ	27	88	36E	Yes	•	Ì	11/17/	70		
If this production is commingled with that find the completion of	rom any othe	r lease or	pool, g	give commingl		ber:					
Designate Type of Completion -	(Y)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to	o Prod.		Total Depth	<u>. </u>	<u></u>	P.B.T.D.	[
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	ig Shoe		
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E							
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, pu	ımp, gas lift, e	tc.)			
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	Loogh of Tox				Dhie Canal	Esta/A/LICE		Gravity of Condensate			
Actual Prod. Test - MCP/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 CERTIFICA	ATE OF	COMF	PLIA	NCE	\ <u> </u>			<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					*.						
1 2 1 (Date	Date Approved					
Signature					By_	By Pari Foute					
S. D. Reed, Production Superintendent											
Printed Name Title 10/4/91 (915) 682-9756					Title						
Date			ephone								

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.