Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Er , Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Santa Fe, New Mexico 87504-2088

Operator		TO TH	HINDI	OHIO	IL AND NA	XI UH/	AL GA	S				
ł ·					API No.							
McDONNOLD OPERA	ALING, I	NC.		 					30-041-2	.0325		
505 N. Big Spr	ing, Sui	te 204	, Mi	dland,	TX 797	01 -	4347					
Reason(s) for Filing (Check proper box)					Ot	her (Plea	se explai	1)				
New Well		Change in					•					
Recompletion	Oil		Dry G									
Change in Operator If change of operator give name	Casinghea	d Gas	Conde	nsate		·				*******************************		
and address of previous operator					· · · · · · · · · · · · · · · · · · ·		,	······································				
II. DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name		Well No.	1		ling Formation				of Lease	l I	.ease No.	
State "CO"		11	B1	uitt (San Andı	es)	Assoc	State	XF4deHikorXF	Rex K	-4128	
Location	100	20										
Unit Letter L	:198	80	Feet F	rom The	South Li	e and	660	F	eet From The	West	Line	
Section 16 Townsh	ip 8-S		Range	38-E	. N	мрм,	Roos	seve1t			Canada	
						1411 141,	ROO	SEVET			County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	D NATU								
Name of Authorized Transporter of Oil Enron Oil Trading & T	E E	OTT E	iergy Tergy	Corp.						form is to be s		
Name of Authorized Transporter of Casin	ransport	Effective	ve al	1.93						77251-1		
			wos Day	etp [Address (Un	e aaares	3 lo whici	approved	copy of this	form is to be s	ent)	
If well produces oil or liquids,	Unit	Sec. Twp. Rge.			is gas actually connected? When ?							
rive location of tanks.	I	16 8-S 38-E			No	•		_i				
f this production is commingled with that V. COMPLETION DATA	from any other	er lease or p	pool, giv	ve comming	ling order num	ber:						
COMILETION DATA		Oil Well		Gas Well	I Nam Wall	1 10				·		
Designate Type of Completion	- (X)	On wen		Gas Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	· ·	Total Depth	<u> </u>			P.B.T.D.	<u> </u>	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	rmation		Top Oil/Gas Pay				Tubing Depth			
erforations	<u> </u>				<u> </u>				D 4 6			
									Depth Casin	ig Shoe		
	T	JBING,	CASI	NG AND	CEMENTI	IG RE	CORD		<u> </u>			
HOLE SIZE	1	ING & TU				DEPTH		····		SACKS CEME		
								··· ···				
				······································								
. TEST DATA AND REQUES	T FOR A	LLOWA	RLE						<u> </u>			
OIL WELL (Test must be after r				oil and must	be eaual to or	exceed to	on allowa	ble for this	denth or he i	for full 24 hour	. 1	
Pate First New Oil Run To Tank	Date of Test				Producing Me	thod (Fla	ow, pump,	gas lift, e	ic.)	or just 24 now	3.)	
ength of Test	Tubing Press	aire			Casing Pressu	re			Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.				G. MGF			
_	2013.				Water - Bois.				Gas- MCF			
GAS WELL	· · · · · · · · · · · · · · · · · · ·		· —		· · · · · · · · · · · · · · · · · · ·			<u>,</u>				
ctual Prod. Test - MCF/D	Length of Te	st			Bbls. Condens	ale/MM(·#		Covin of C	ondonosta		
					Bota. Condendate/MINICI				Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Press	ure (Shut-ii	n)		Casing Pressure (Shut-in)				Choke Size			
I. OPERATOR CERTIFICA	ATE OF (COMPL	IAN	CE								
I hereby certify that the rules and regula Division have been complied with and the	tions of the Oi	l Conserva	tion			IL C	ONSI	=HVA		DIVISIO		
is true and complete to the best of my kn						JAN 2 1 1881						
McDONNOLD OPERATING,	INC.			İ	Date	Appro	oved _	·	OLG 12		·	
By: Crany M. Mci)and				_							
Signature Craig M. McDonno	1 d	Pro	sider		Ву			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Printed Name			itle				•	2. 1	1,44	•		
January 14, 1991	915	5/682-6	6396	_	Title_			 ,-				
Date		Teleph	one No									

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.

Submit 5 Copiés
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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

Operator

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	NG, INC	·			·			-041-203		
ddress	Conta	20/	41.11	- J msr	70701					
505 N. Big Spring, eason(s) for Filing (Check proper box)	, Suite	204, 1	Midla	nd, TX		T (Please expla	in)			
eason(s) for rining (Check proper box)		Change in	Transno	eter of:	Ouie	i (i tease expan	<i></i>			
ecompletion	Oil	Change in	Dry Ga	1 1						
•	Casinghe	ad Can	Conden							
hanna of annutur pina name	· · · · · · · · · · · · · · · · · · ·									
d address of previous operator Ken	r-McGe	e Corp	., On	<u>e Marie</u>	enfeld Pl	ace, Su	ite 200	<u>, Midlar</u>	id, TX 7	9701
DESCRIPTION OF WELL	AND LE	CASE								
ease Name		Well No.	1		ng Formation		C4-4-	of Lease	TV.	ease No.
State "CO"		1	B1u	itt (Sa	ın Andrev	rs) Assoc	State,	Fådelfa Kolt XF8	K-	4128
ocation										
Unit LetterL	:	1980	Feet Fr	om The <u>S</u>	outh Line	and <u>660</u>	Fe	et From The	West	Lin
16 m .	. 0.0		_	20 5	3.00	rm s	D	1 &		County
Section 16 Townsh	ip 8–S		Range	38-E	, NIV	IPM,	Rooses	verr		County
II. DESIGNATION OF TRAN	NSPORTE	ER OF O	II. AN	D NATU	RAL GAS	ТΑ				
lame of Authorized Transporter of Oil	[XX]	or Conde			Address (Give	address to wh	ich approved	copy of this f	orm is to be se	ent)
Mobil Pipeline Com					P. O. I	3ox 1073	. Midlar	nd. TX_7	9702	
lame of Authorized Transporter of Casin	ighead Gas		or Dry	Gas	Address (Give	address to wh	ich approved	copy of this f	orm is to be se	ent)
								·····		
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp. 1 8-S		Is gas actually No	When	?			
	I I	<u> </u>	L		L					
this production is commingled with that V. COMPLETION DATA	from any ot	ther lease or	pool, giv	e comming!	ing order numb	er:				
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	I OII WEI	' ' '	Jab Well	i Hew Well i	WOROVEI	l Deeben	l ling Dack		i i kes
Date Spudded	Date Con	npl. Ready to	o Prod.		Total Depth			P.B.T.D.		_1
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Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormation	·	Top Oil/Gas P	ay		Tubing Depth		
Perforations										
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								Depth Casii	ig snoe	
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HOLE SIZE		TUBING, ASING & T				NG RECORI	D		SACKS CEM	ENT
HOLE SIZE							D			ENT
HOLE SIZE							D			ENT
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7. TEST DATA AND REQUE	ST FOR	ASING & T	UBING S	SIZE	be equal to or	DEPTH SET	wable for thi	s depth or be	SACKS CEM	
7. TEST DATA AND REQUE DIL WELL (Test must be after	ST FOR	ASING & TI ALLOW total volume	UBING S	SIZE	be equal to or	DEPTH SET	wable for thi	s depth or be	SACKS CEM	
7. TEST DATA AND REQUE DIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR recovery of 1	ASING & TI ALLOW Hotal volume cest	UBING S	SIZE	be equal to or Producing Me	exceed top alio	wable for thi	s depth or be	SACKS CEM	
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7. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)	ST FOR recovery of I Date of T Tubing Pr Oil - Bbls Length of Tubing P	ALLOW total volume lest ressure	ABLE of load of	oil and must	be equal to or Producing Me Casing Pressu Water - Bbis. Bbis. Conden	exceed top allo thod (Flow, pu	wable for thi	S depth or be etc.) Choke Size Gas- MCF	SACKS CEM for full 24 hou	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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