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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

STRICT III OO Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | | | | | , , , , , , , , , , , , , , , , , , , | | 8/ 1 | | | | |
|---|---|---------------|--------------|------------------------------|---------------------------|--------------------|---|----------------|---------------------------------------|-----------------|---------------------------------------|----|--|
| PETRICO OIL & GAS COMPA | | | l | Well API No. | | | | | | | | | |
| | | 3 | 30-041-20754 | | | | | | | | | | |
| P. O. Box 51311. Midland. TX 79710 | | | | | | | | | | | | | |
| P. O. Box 51311, Midland, TX 79710 Eason(s) for Filing (Check proper box) Other (Please explain) | | | | | | | | | | | | | |
| sw Well | Orice It tems exhaut/ | | | | | | | | | | | | |
| scompletion | Oil | Change in | Dry Gas | | | į | | | | | | | |
| hange in Operator | Effective February 1, 1993 | | | | | | | | | | | | |
| change of operator give name | NA OIL 8 | | Condens | | | | - 77 77 | | , , , , , , | | · | | |
| address of previous operator | IN UIL C | י רובוין | LLAL | CUMPAN | <u> </u> | | | | | | | | |
| DESCRIPTION OF WELL | AND LEA | | , | | · | | | | | | | | |
| tase Name | I I | | | ol Name, Including Formation | | | | | Lesse | Le | Lease Na | | |
| Horton Federal | 36 Milnesand | | | San Andres | | | me (| ederal) or Fee | NMNMO1 | NMNM0145685 | | | |
| ocatioa R | 000 | | | | | | | | | | | _ | |
| Unit Letter B | . <u>990</u> | | Feet From | m The N | orth Lin | e and158 | 81 | _ Fœ | t From The . | <u> East</u> | Line | | |
| Section 30 Townshi | | | | | | | | | | | | | |
| Section 30 Township 8S Range 35E , NMPM, ROOSEVET County | | | | | | | | | | | | | |
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | | | |
| ime of Authorized Transporter of Oil AND or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | | |
| PRIDE PIPELINE COMPANY P.O. BOX 2436 | | | | | | | | | | | | | |
| ims of Authorized Transporter of Casinghead Gas | | | | | | | | | | | | | |
| larren Petroleum Compa | , , , , , , , , , , , , , , , , , , , | , | | | ABILENE, TEXAS | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| well produces oil or liquids, s location of tanks. | Unit | Twp. | | ls gas actually connected? | | | When ? | | | | | | |
| | | | 85 | 35E | Ye | | | | · · · · · · · · · · · · · · · · · · · | - | - | _ | |
| his production is commingled with that COMPLETION DATA | rrom any othe | er lease or p | xxxi, give | countring | ling order numi | Der: | | | | | | _ | |
| . COMEDITION DATA | ··· | Oil Well | | s Well | No. 111 to | 1 117. | -, <u>-</u> - | ,- | | , | | _ | |
| Designate Type of Completion | - (X) | I OII WEIL | į Gi | IS WELL | New Well | Workover | Deepe | :0 | Plug Back | Same Res'v | Diff Resiv | 1 | |
| ue Spudded | Date Compl | I. Ready to | Prod | | Total Depth | <u> </u> | 1 | Ļ | DDTD | | 1 | _ | |
| | | | P.B.T.D. | | | | | | | | | | |
| evations (DF, RKB, RT, GR, etc.) | Top Oil/Gas Pay | | | | Tubing Dept | h | | - | | | | | |
| | | | | cooling methol | | | | | | | | | |
| Toraulous | Depth Casing Shoe | | | | | | ···· | - | | | | | |
| | | | | | | | · | | | | | i | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | | | | - | |
| HOLE SIZE CASING & TUBING SIZE | | | | | DEPTH SET | | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | | |
| TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | 1 | | | | | | | _! | |
| LWELL (Test must be after re | | | | and must | be equal to or | exceed ton all | owahle for | thie - | denik or had | ne full 24 b | • 1 | | |
| e First New Oil Run To Tank | Date of Tex | | | | Producing Me | thod (Flow, pu | mp, gas li | fi, ele | .) | or just 24 NOW. | <i>\$. j</i> | ۰, | |
| | | | | | | | . · • ·1 | , ., ••• | • | | | 1 | |
| gth of Test | of Test Tubing Pressure | | | | | Casing Pressure | | | | Choke Size | | | |
| ual Prod. During Test Oil - Bbls. | | | | | | | | | | | | | |
| ual Prod. During Test | Water - Bbis. | | | | Gas- MCF | | | | | | | | |
| | | | | | | | | | | | | | |
| AS WELL | | | | | | | | | | | • | ~ | |
| ing Method (puor, back pr.) Length of Test Tubing Pressure (Shut-in) | | | | | Bbls. Condensate/MMCF | | | T | Gravity of Condensate | | | | |
| | | | | | | | | | | | | | |
| ing Method (puot, back pr.) | Caring Pressure (Shut-in) | | | | Choke Size | | | | | | | | |
| ODED 1 #00 @====== | | 00: == | | | · | | | | · | | | ا | |
| OPERATOR CERTIFICA | | | | Œ | _ |)II | IOED | \ | TION | | | _ | |
| hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | OIL CONSERVATION DIVISION | | | | | | | | |
| s true and complete to the best of my knowledge and belief. | | | | | FEB 02 1993 | | | | | | | | |
| | -) / C | <u> </u> | | <u> </u> | Date | Approve | d | | | | | _ | |
| | | | | | | | | | | | | | |
| Signature GARAS. BALLER V.D | | | | | By BY JERGY SEXTON | | | | | | | | |
| | | | | | | NATHON 1 RUBERUSOR | | | | | | | |
| 1-22-43 | 9, - | (.53- | Tide | , , | Title. | | | | | | | | |
| Date | | | hone No. | | | | | | | | · · · · · · · · · · · · · · · · · · · | - | |
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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.