Submit 5 Copies
Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hoobs, NM 88240

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

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

COO Rio Brazos Rd., Aztec, NM 87410	REQUESTRU	R ALLOWAB	LE AND A	UTHORIZ	ATION					
0	TOTRA	TO TRANSPORT OIL AND NATURAL GAS				Well API No.				
Operator	THO				1	30-005-00515				
PALCHA RESCURCES	S LIVU.					<u> </u>	· · · · · · · · · · · · · · · · · · ·	·		
F.O. BOX 1814	Roswell. N	.M. 8820	1							
Reason(s) for Filing (Check proper box)			Other	(Please explain	in)					
New Well		Transporter								
Recompletion \square		Dry Gas -								
Change in Operator	Casinghead Gas 🔀	Condensate			 					
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	L AND LEASE									
Lease Name	Well No.	Art water Destallant Installed Especies				Heave No. Lease Lease No. Devon XXXX Federal ox FX-XXX NM-0338A				
ESERY FED.	2	Little L	ucky La	ike Dev	on XXX	Legelai olytidek y	14.141-	J 3 30H		
Location	. 0 -									
Unit LetterC	: <u>1980</u>	. Feel From The Ξa	<u>lst</u> Line	and _ 660	Fe	et From The	outn	Line		
Section 29 Towns	tin 1580uth	Range 30 Ba	st NM	IPM,	Chaves			County		
380000 2.9 10WILL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
III. DESIGNATION OF TRA		IL AND NATU	RAL GAS		inh name	conv of this for-	ie to be s	·n()		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transports of Cas	ingheld Gas XX	or Dry Gas	Address (Giw	address to wh	ich approved	copy of this form	is to be se	int)		
las Corporation						dessa. TX 79762				
If well produces oil or liquids,	Unit_ Sec.	Twp. Rge.	is gas actually	connected?	When			· · · · · · · · · · · · · · · · · · ·		
give location of tanks.		15S 30E	Yes			J-61-73				
If this production is commingled with th IV. COMPLETION DATA			-, ,		,					
Designate Type of Completio		i	New Well	Workover XX	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded 2-10-93		Date Compl. Ready to Prod. 2-25-93		Total Depth 12,313			P.B.T.D. 11,005			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3955 GR	Devonian		Devonian 10,946			10,875				
Perforations						Depth Casing Shoe 12,306				
	TUBING,	CASING AND	CEMENTI	NG RECOR	D					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 ½				450			650 sx			
12 ÷	9 5/8	9 5/3		2926			1700 sx			
8 3/4	7			12,306			400 sx			
	2 7/8	3	10.8	7.5						
TEST DATA AND REQU	EST FOR ALLOW er recovery of total volume	ABLE	the equal to or	exceed ton all	owable for the	s depth or he for	full 24 hou	urs.)		
IL WELL (Test must be after light First New Oil Run To Tank	Date of Test	oj rodu pu una mus	Producing Me	thod (Flow, pu	ump, gas ligh	elc.)	,			
Determine to a round to reme	D== 01 104									
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.		Water - Bbls.		Gas- MCF					
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
	sting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
Hesting Method (pilot, back pr.)										
VI. OPERATOR CERTIF		PLIANCE	1							
hereby certify that the rules and re			(OIL CON	1SERV	ATION D	IVISIO	JN		
Division have been complied with a is true and complete to the best of n	nd that the information giv		Date	. A = = = = = = = = = = = = = = = = = =	. م		MAY	05 1993		
$\bigcap I$	-		Date	Approve		. J 1				
harles toos	D.		tag, Sig	ned by,						
Signature ChARLES FOSTE	By Paul Kautz Geologist									
Charles FOSTE	K F	Title	Tialo		Non	<u> </u>				
4-27-93	622-	0770	Title							
Date		ephone No.	11							

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.

RECEIVED MAY 04 1993

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