

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

0 8 1993
O. C. D.
DISTRICT SUPERVISOR

I.

Operator Paloma Resources, Inc.	Well API No. 30-005-00515
Address P.O. Box 1814 Roswell, NM 88201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Peery Fed.	Well No. 2	Pool Name, including Formation Little Lucky Lake Devonian	Kind of Lease State Federal or Lease <input checked="" type="checkbox"/>	Lease No. NM-0338A
Location Unit Letter <u>0</u> : 1980' Feet From The <u>East</u> Line and <u>660</u> ' Feet From The <u>South</u> Line Section <u>29</u> Township <u>15 South</u> Range <u>30 East</u> , <u>NMPM</u> , <u>Chaves</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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) Drawer 159 Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> American Processing	Address (Give address to which approved copy of this form is to be sent) 333 Clay St. Suite 2000 Houston, TX 77002-9817			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 15S	Rge. 30E
Is gas actually connected?	When?		2-26-93	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
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.) 3955' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay Devonian 10-946'		Tubing Depth 10,875'			
Perforations 10,946-88'					Depth Casing Shoe 12306'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		450'		650 SX.			
12 1/4	9 5/8		2926'		1700 SX.			
8 3/4	7"		12,306'		400 SX.			
	2 7/8"		10,875'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Tank 2-25-93	Date of Test 2-25-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 225#	Casing Pressure 0-Pkr	Choke Size 28/64"
Actual Prod. During Test	Oil - Bbls. 180	Water - Bbls. 310	Gas - MCF 360

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

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

H. E. Gene Lee
Signature
H. E. Gene LEE Agent
Printed Name
Date Feb 27, 1993
Telephone No. 505-622-7355

OIL CONSERVATION DIVISION

Date Approved MAR 16 1993

By ORIGINAL SIGNED BY DISTRICT SUPERVISOR

Title _____

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.