Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Operator

## Energy, Minerals and Natural Resources Department

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

OLL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Petroleum Development	Corpo	ration				· · · · · · · · · · · · · · · · · · ·		API No.			
Address								0-005-20620			
9720-B Candaleria NE, Reason(s) for Filing (Check proper box)	A1buq	uerque	, New	Mexic							
New Well		Change i	л Тгаларс	wher of	Out	et (Please exp	lain)				
Recompletion	Oil		Dry Ga								
Change in Operator   If change of operator give name    Kor		ead Gas	Conden								
and address of previous operator Ker	r-McGe	e Corpo	ratio	n, P.	0. Box 1	1050, Mi	dland,	Texas 797	702	<del></del>	
II. DESCRIPTION OF WELL	AND LI	EASE									
Lesse Name Amoco Federal	Well No. Pool Name, Inclu							of Lease No.			
Location	2 1011-1011 (				San Andres) Some			Federal ociFine NM12418			
Unit LetterK	_ :19	980	_ Feet Fro	om The	West	and1980	). <u> </u>		South		
Section 23 Townshi		7S			215			eet From The _	Bouth	Line	
TOWISH	·		Range			МРМ,	Cha	ives		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORT	ER OF O	IL ANI	D NATU	RAL GAS	•					
Lantern Petroleum Company					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin	Gas 🗀	P. O. Box 2281, Midland, Texas 79702									
Trident NGL, Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250, Midland, TX 79710						
give location of tanks.	Unit Sec. Twp. Rgc			Rge. 31E	Yes		When				
If this production is commingled with that IV. COMPLETION DATA	from any or	her lease or	pool, give	comming	ing order numb	er:		119			
IV. COMPLETION DATA		Oil Well		121 11	γ						
Designate Type of Completion	- (X)	On wen	1	as Weli	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		<del></del>	P.B.T.D.	<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
Perforations								Tubing Depth			
	Depth Casing Shoe					<del></del>					
		UBING,	CASIN	G AND	CEMENTIN	G RECORT	<del></del>			<del></del>	
HOLE SIZE	CA	SING & TU	BING SI	ZE		DEPTH SET		SACKS CEMENT			
TEST DATA AND DEGUES	T F 6 5 1	· ·									
7. TEST DATA AND REQUES 11L WELL	I FOR A	LLUWA	BLE	a-d							
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	T Tom							,			
Augul Or Ica	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	· <del>_</del>										
GAS WELL  schual Prod. Test - MCF/D	angel of T				<b>.</b>		<u> </u>				
	MCF/D Length of Test				Bbls. Condensa	ie/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure	(Shut-in)		Choke Size			
I. OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regulation	TE OF	COMPL	LIANC	E	. 0			TION DI	VICIO		
I 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						
is true and complete to the best of my knowledge and belief.					Date ApprovedJUL_ 2 3 1993						
him c John											
Signature					By Orig. Signed by Paul Kautz						
Printed Name Title					Geologist Title						
Date		Teleni	none No.		III						
INSTRUCTIONS, This Co.											

CTIONS: 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 Auto 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.

11/1 12 1995

PECEIVED

John J. G. Hall

See State