Submit 3 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAR	RI F AND AUT	THORIZA	MOITA				
I.		NSPORT OIL			3				
Data 1 Data 1						II API No. D-005-20665			
Address					1 30-	003-20663			
9720-B Candaleria NE, A Reason(s) for Filing (Check proper box)	lbuquerque, N	New Mexico				·			
New Well	Change in	Transporter of:_	U Other (PI	lease explain	,				
Recompletion		Dry Gas							
Change in Operator 🔀	Casinghead Uss	Condensate							
of change of operator give name und address of previous operator Ker	r-McGee Corpo	oration, P.	0. Box 110	50, Mid	land,	Texas 7970)2		
U. DESCRIPTION OF WELL	AND LEASE							•	
Lesse Name Hahn Federal	Well No.		Pool Name, Including Formation Tom-Tom (San Andres)			d of Lease Lease No. ExFederal medies: 15677			
Location		TOM-TOM	(Sall Allutes	<i>,</i>	XXXXXX	Peocral Mixibel	156	/ /	
Unit Letter P	_:660	Feet From The	South Line and	66	0 Fe	et From The	East	Line	
Section 27 Township	_b 7s	Range 31	E , NMPM,	Ch	aves				
								County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OI			bees to which		anni af this fa	7- 4- 1		
Lantern Petroleum Com	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, Texas 79702								
Name of Authorized Transporter of Casing Trident NGL, Inc.	ghead Gas X	or Dry Gas	Address (Give add P. O. Box	50250	approved Midla	copy of this form	is to be se	u)	
If well produces oil or liquids, pive location of tanks.	Unit Sec.	Twp. Rgs. 7S 31E	is gas actually com		When		73710		
f this production is commingled with that			L			11///	 -		
V. COMPLETION DATA									
Designate Type of Completion	- (X)	Gas Well	New Well Wo	xkover	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		<u>.1</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe					
	m ibilia	G4 803 G 1345							
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
HOLE OILE	TIGEL SIZE CASING & TOBING SIZE		DEPTH SET			SAUNS CEMENT			
								······································	
. TEST DATA AND REQUES	T FOR ALLOWA	ABLE		· · · · · · · · · · · · · · · · · · ·					
	ecovery of total volume	of load oil and must					41 24 hour.	s.)	
Date First New Oil Run To Tank	Date of Test		Producing Method	(Flow, pump	, gas lift, ei	'c.)			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
CACAUCI	<u> </u>					<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/N	MMCF .		Gravity of Conde	ensale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	·in)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula			· OIL	CONS	ERVA	TION DIT	VISIO	N	
Division have been complied with and to is true and complete to the best of my k	OIL CONSERVATION DIVISION								
			Date Ap	proved	JUL 2	3 1993			
Signature	By Orig. Signed by								
- Jim C Johns	Faul Kautz Geologist								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

6/14/93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with stulls 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title_

Geologist

(505) 293-4044 Telephone No.

Title

Fill bill billy Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Porth C-104 must be filed for each pool in multiply completed wells.

RECENTED

JUL 1 2 1093