Appropriate District Office r.O. Box 1980, Hobbs, NM 88240

I.

Operator

Address

New Well

Recompletion

Change in Operator

If change of operator give name and address of previous operator

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

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

X

#### بمصادمة ومحرفات مكعول

Energy, Minerals and Natural Resources Department

# **OLL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

#### TO TRANSPORT OIL AND NATURAL GAS Well API No. Petroleum Development Corporation 30-005-20712 9720-B Candaleria NE, Albuquerque, New Mexico 87112 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: 🔲 Dry Gas Oil Casinghead Gas 🗌 Condensate 📋 Kerr-McGee Corporation, P. O. Box 11050, Midland, Texas 79702 **II. DESCRIPTION OF WELL AND LEASE**

Lesse Name Amoco Federal		Well No. 7	Pool Name, Tom-Tor	Including For m (San A	nation ndres)	<u>-</u>	Kind of Lease Sunter, Federal or Free	Lease No. NM12418
Location Unit Letter	J:	1980	. Feet From T	beEast	Line and _	2173	Feet From The	South Line
Section 26	Township	7S	Range	31E	, NMPM,		Chaves	County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil		densate (		Address (Give address to which	h approved copy of this form is to be sent)	
Lantern Petroleum Compan	y y	L		P. O. Box 2281, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas Trident NGL, Inc.		X or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250, Midland, TX 79710		
If well produces oil or liquids, Un give location of tanks.	it <b>Sec.</b> 1 26	<b>Тмр.</b> 75	1	ls gas actually connected? Yes	When 7 11/79	
f this production is commingled with that from	any other lesse	an anal aim				

with that from any other lease or pool, give commingling order number: **IV. COMPLETION DATA** 

Designate Type of Completic	m - (X)	Oil Well 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to P	rod.	Total Depth	· · · · · · · · · · · · · · · · · · ·	1	P.B.T.D.	I	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas 1	2ay		Tubing Depth			
Perforations						Depth Casing Shoe			
		UBING, C	ASING AND	CEMENTI	NG RECOR	D			
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
		·····-							
				1			+		

## 7. TEST DATA AND REQUEST FOR ALLOWABLE

)IL 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

Date This New On Rul 10 Talk	Date of lest	Producing Method (Plow, pur	p, gas iyī, eic.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbla.	Gas- MCF	

GAS WELL			
Actual Prod. Test - MCF/D Length of Test		Bbis. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size
I hereby certify that the rules and rep Division have been complied with an is true and complete to the best of m Signature	nd that the information given above	- By	RVATION DIVISION 2 3 1993 Orig. Signed by Paul Kautz Geologist
		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 win Ruio 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 public multiply completed wells.

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