Suburit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Encagy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	REC	I TO TH	FOR NAM	RAL SPC	LOWA	BLE AND	AUTHOR ATURAL G	IZATIO	V			
Operator							TO IAL G		II API No.			
Headington Oil Company							30-005-					
7557 Rambler Roa Reason(s) for Filing (Check proper box)	ıd, Sui	te 115	0,	Dal	las,		5231					
New Well		Change i	ie Ta		dan afi	□ o	her (Please expi	lain)	-	· · · · ·		
Recompletion	Oil		_	y Gas	_							
Change in Operator X If change of operator give name	Casingh	ead Gas] c _o	adeas	mile 🗌		Effec	ctive 4	-1-90			
and address of previous operator . <u>Or</u>	yx Ene	rgy Cor	npar	цу,	P. 0.	Box 18	51, Midla	ınd, Te	xas 7970	02		
II. DESCRIPTION OF WELL												
Lease Name	Well No. Pool Name, Include								d of Lease			
New Mexico "BA" State 2 Siete Sa					e San	Andres			le, Federal or Fe	, Federal or Fee		
Unit Letter		990	Po-s	.a 83		North	165	0		••		
				K MO		NOT CIT	103	<u> </u>	Feet From The	West	Line	
Section 16 Townsh	<u>in 8−S</u>		Rat	020	31-E	N	MPM, Cl	naves			County	
III. DESIGNATION OF TRAN	SPORT	ER OF C	IL /	AND	NATU	RAL GAS						
Marine or Windowsed Turnsbours of Off	(X) _	or Coade	asale_	_ [_	Address (Gi	ve address to wi		ed copy of this		ieni)	
Name of Authorized Transporter of Casingheed Gas X or Dry Gas						P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)						
Gitles Service Compas			me		P. O. Box 1919, Mi							
If well produces oil or liquids, pive location of tanks,	Unit	Sec.	Tw			is gas actual	y connected?		ta ?	<u>as ///</u>	<u> </u>	
f this production is commingled with that	from serv ce	16	<u> 8-8</u>	<u>S</u>	31-E	Ye	<u>s</u>	L_	3-1-8	5		
V. COMPLETION DATA			poor,	, give	comming	mil clock prin	Der:					
Designate Type of Completion	- (X)	Oil Wel		Ge	ıs Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready t	o Prod	1.	·	Total Depth	J	<u> </u>	P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Dep	Tuhing Denth		
Perforations						<u> </u>						
									Depth Casin	g Shoe		
		TUBING,	CA	SIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
					- \ -							
. TEST DATA AND REQUES	TEOP	ALLOW	ADI	<u>.</u>	-, -							
IL WELL (Test must be after re					and must	be equal to or	exceed too allo	wable for ti	is depth or be t	or full 24 hou	ez.)	
OIL WELL (Test must be after recovery of total volume of load oil and must take First New Oil Rus To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure					Casing Press			Choke Size			
	Tubing Pressure					Canal Prosent			CHOKE SIZE			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF	Gas- MCF			
	<u></u>											
GAS WELL Actual Prod. Test - MCF/D	Length of	Tort				Phia Condon			10-1-20			
Amagin or 1650						Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
T OPERATOR CERTIFIC	ATE OF	COL	T T 4	DIC.	700					· 		
L OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation							DIL CON	SERV	ATION I	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION MAY 2 4 1990						
		ou delet.				Date	Approved	i		- 100	70	
Michael Allen						Orig. Signed has						
Signature Vice President						By Paul Kautz Geologist						
Printed Name			Title			Tala			a corograf	;		
304/30/90	<i>!</i>	2146	960	260	8	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.

MAY 2 The