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

State of New Mexico Energy, Minerals and Natural Resources Departmen:

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	neQu	TO TRA	OH ALLU	IVVAŁ IIO T	BLE AND	AUTHOR TURAL G	IZATION				
Operator Trans				<u> </u>	- AND INA	TUHALG		API No.	2/0/0		
Morexco, Inc.						30-005- 20686 -5					
P. O. Box 481,	Artes	ia. N	ew Mexi	co	88210						
Reason(s) for Filing (Check proper box)						her (Please exp	1	····			
New Well		Change in	Transporter o	of:		nei (Fieuse exp	чаіл)				
Recompletion	Oil		KD1y Gas		4.1						
Change in Operator If change of operator give name	Casinghea	d Gas	Condensate		Change	effect	cive Se	eptemb e	r 1, 1	990	
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE					···				
Lease Name	Well No. Pool Name, inclu				ling Formation Kind			of Lease No			
Tom "36" State	4 Tomaha			aha				Federal or Sea te L5120			
Location	1 (98 0			C		7.00.0				
Unit Letter	_ :		Feet From T	he	Lir	e and	1980 F	eet From The	······	E Line	
Section 36 Townshi	D	7 <i>s</i>	Range		31E , N	l (m) (Chave		
						мРМ,		···	- Cliave.	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	L AND N	ATUI							
	nd a	or Conden rangr	ort at	on	Address (Giv	e address to w	hich approved	d copy of this f	orm is to be s	ieni)	
Enron Oil Trading & Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 1188, Houston, TX 77151						
OXY USA Inc		Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids, Unit Sec. Twp. Rgs					Is gas actually connected? When ?						
If this production is commingled with that i	H	36		31E		les					
IV. COMPLETION DATA	ioin any oute	er lease or	pool, give com	mingli	ng order numi	ber:		 			
Designate Time of Cample!	an.	Oil Well	Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Posts	
Designate Type of Completion Date Spudded		<u></u>	_	j	Total Depth		Jupia	I ridg Dack	Joanne Kes v	Diff Res'v	
Date Spanies	Date Compi	Date Compl. Ready to Prod.						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas	Pav					
								Tubing Depth			
								Depth Casing Shoe			
	NID (CEMENT	10 5500								
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DEPTH SET						
					DEFINSE			SACKS CEMENT			
	ļ							 			
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					J			
OIL WELL (Test must be after re				must b	e equal to or	exceed top allo	wable for thi	s depth or he f	or full 24 hou	re)	
DIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	T. 1: D										
Ength of Test Tubing Pressure					Casing Pressure			Choke Size			
Actual Prod. During Test	ruring Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u></u> .										
GAS WELL											
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tuhing Pres	Sum (Shurt	n)								
occupy,	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	CHOKE SIZE		
I. OPERATOR CERTIFICA	TE OF	COMPI	JANCE					<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								AU6 - 8 19 iii			
complete to alle best of filly ki	owiedke and	OCIICI.			Date	Approved	d	<u>au</u>	ا ن - ز	चित्र ा)	
Pebecca Dickson					Orig						
Signature Rebecca Dickson Production Clerk					By Page 1						
Printed Name Title					<u> </u>						
August 1, 1990 (505) 746-6520					Title_						
Date			hone No.	-						v.	

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