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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SANDSTONE OIL & GAS	Well API No. 30-005-21105
Address 1330 E. 8th Street #304, Odessa, Texas 79761	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name TOM "36" STATE	Well No. 5	Pool Name, Including Formation TOMAHAWK SAN ANDRES	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. L-5120
Location Unit Letter P : 660 Feet From The East Line and 660 Feet From The South Line Section 36 Township 7-South Range 31-East, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transport	Address (Give address to which approved copy of this form is to be sent) PO Box 1188 Houston Texas 77251-1188			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company Inc.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 36	Twp. 7-S	Rge. 31-E
Is gas actually connected? Yes		When? 12/12/91		

If this production is commingled with that from any other lease or pool, give commingling order number:

N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/18/91	Date Compl. Ready to Prod. 12/12/91		Total Depth 4300		P.B.T.D. 4245			
Elevations (DF, RKB, RT, GR, etc.) 4421.9 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3950		Tubing Depth 42			
Perforations 4088 - 4180					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 1570		SACKS CEMENT 765			
7 7/8	5 1/2		4300		400			
	2 3/8		4205					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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 12/14/91	Date of Test 12/18/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 25	Casing Pressure 15	Choke Size N/A
Actual Prod. During Test 61	Oil - Bbls. 18	Water - Bbls. 43	Gas - MCF 22

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature David Moore
DAVID MOORE Partner
Printed Name 1/15/92 (915) 334-8531
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 23 '92

Date Approved
By ORIGINAL SIGNATURE
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.