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

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

State of New Mexico 3y, Minerals and Natural Resources Departm

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l	<u>T(</u>	OTHANS	SPU	HI OIL	AND NAT	UNALGA	Well A	Pl No.			
Petroleum Production Management, Inc.								30-025-22765			
	uction M	anageme	116,	1110.							
Address Suite 200/Sutte	on Place	Blda.	W	ichita	Kansas	67202					
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	in)		an Ma	me	
New Well	(hange in Tr	nsport	er of:	del	ete Ca	m fro	m the			
Recompletion X	Oil	☐ Dr	ry Gas	빌			D				
Change in Operator	Casinghead	Gas 🔲 Co	ondens	ate						/) (
f change of operator give name						(Cancel	Day	n rippe	2 Penn	
and address of previous operator			. ,	1 L			'	,	V V		
II. DESCRIPTION OF WELL	AND LEAS	SE /		lcat	- Enemation	0 06	// Kind c	Lease	L	ase No.	
Lease Name	'	Well No. Po	ol Nat	ine, including	g Formation	R-95	Crate 1	Beniecai mediel	K-62	7225	
State 19 Com-		1 /	WO.	rreamp		1///	/				
Location		_				. 10	100 E	et Emm The	South	Line	
Unit LetterI	:660) Fe	et Fro	m The	<u>Fast_</u> Lim	and	20U Pe	et Flotti lise .			
Section 19 Township		13-S R	ange	33-E	, NN	ирм,	Lea			County	
Section 19 Township	?	10 0 10									
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	[X] '	or Condensat	e [Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	nt)	
Amoco Pipeline Company						P.O. Box 591 Tulsa, Oklahoma 74102					
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum C	Warren Petroleum Corporation					ox 1589		oklahoma 74100			
If well produces oil or liquids,	Unit	ec. Twp.		•	Is gas actually connected?		When	When ?			
give location of tanks.	I I	19 11:		33E	Yes		n/a	12-1	Z - 09		
If this production is commingled with that	from any othe	r lease or poo	ol, give	commingl	ing order num	per:	II/a				
IV. COMPLETION DATA		1			New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	6	as Well	I MEM MEII	l workover	l Deepen)		i x	
		X Ready to Pi	nd.		Total Depth	<u> </u>	J	P.B.T.D.	J		
Date Spudded		-			•	97 95 '			9500'		
9-8-90 Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) 4279.3' KB	Wolfcamp				9370'				9485'		
Perforations		Camp			I	<u> </u>		Depth Casin	ng Shoe		
9369-937	3										
1001	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
								<u> </u>			
•					<u> </u>						
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE				-11-64	:- J ha	for full 24 hou	me 1	
OIL WELL (Test must be after t			load o	il and must	be equal to or	ethod (Flow, pr	owable for in	es aepin or ve	jor juli 24 noi		
Date First New Oil Run To Tank	Date of Test				Producing M	_	ump, gus iyi,	erc.j			
9–8–90	9-10-90			Carina Danes	Casing Pressure						
Length of Test	Tubing Pressure							211			
24 Hours	20#			Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	1.1							25		
11		11			<u> </u>				<u> </u>		
GAS WELL					Ible Conde	sate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	esi			Bois. Collec			J			
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size .		
Testing Method (pilot, back pr.)	Tubing 114	Lucing Pressure (Situr-m)									
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COLET	TAN	ICE	1						
VL OPERATOR CERTIFIC				ICE		OIL CON	ISERV	ATION	DIVISIO	NC	
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 an	id belief.		'	Dot	Approve	$_{\sim}$ I	IPR 2	5 1 991		
					Date	Approve					
Land I Cathreen					_	and the same of th	AL SIGNEL	BA TESSA	MOLKES		
Signature Signature					∥ By_	O. 14. 14. 14.	profinct t	SCHERYE	38		
Gary T	. Cothra		st.	Supt.	H				•		
Printed Name			Title		Title)					
4-23-91			-24 hone N								
Date		i elebi	·vare i	 .	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 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.

APR 2 4 100