5	TATI	e of	NEW	MEXICO
ENERGY	AND	MIN	ERALS	DEPARTMENT

DISTRIBUT	ON		T
BANTA PE		1	<u> </u>
FILE			—
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFF	HCE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

100				
	Tahoe Oil & Cattle Com	npany		
Ad	dress			
		Midland, Texas 79703		
Re	oson(s) for filing (Check proper box)			Other (Please explain)
X	New Well Recompletion Change in Ownership	Change in Transporter of:		Request for test allowable of 2000 bbls
	Recompletion		ry Gas	for October, 1987.
	Change in Ownership	Casinghead Gas	ondensate	
If ci	hange of ownership give name			
ena	address of previous owner	•		

II. DESCRIPTIO			Well No. F	Saunders Pe Bough "D"	ermo Dober	Penn.	Kind of Lease	Lease No.
Tahoe WA	State		1	Bough "D"			State, Federal or Fee Stat	e LG-2265
Location		6.60						
Unit Letter	;	660	Feet From	The South	_Line and	1980	Feet From The West	· · · · · · · · · · · · · · · · · · ·
Line of Section	11	Township	14	Range	33	, NMP	m, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	XX	or Condr	ensate	Address (Give address to which approved copy of this form is to be sent)			
J M Petroleum Corporation					2323 Bryan StLB 185 - Dallas, Texas		
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)		
				······································			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	14-S		is gas actually connected?	When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(X) X .	Aruman)	
meren 2	(Signature) Petroleum Engr.	
	(Tule) Oct. 23, 1987	
na an a	(Date)	

. c	DIL CONSERVATION DIVISION
APPROVED	<u> </u>
BY	
-	ORIGINAL SIGNED BY JERRY SEXTON

No.

-	<u> </u>	-					
τı	TL	.E	DISTRICT	1 4	C 1 1 m		
					5 U P	ERVISC	×

This form is to be filed in compliance with RULE 1104,

If this is a request for allowable for a newly drilled or deepened "=" well, this form must be accompanied by a tabulation of the deviation" tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition."

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completic	n = (X)	Oil Well	Gas Well	New Well	Workover t	Deepen	Plug Back	Same Restv.	Diff. Resty
Date Spudded		. Ready to P	rod.	Total Dept	h .	_	P.B.T.D.		<u></u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	nction	Top Oil/Go	is Pay		Tubing Dep	Ih	
Perforations 6 shots: 9977', 997	1 8', 9979), 9980	', 9982',	ـــــــــــــــــــــــــــــــــــــ			Depth Cast	ng Shoe	
		and the second se	CASING, AN		_	D			
HOLE SIZE	CASI	NG & TUBI			DEPTH SE		S/	CKS CEMEN	IT
					·				
	l								- und son alla

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Presewe	Choke Size		
Actual Frod. During Test	Oil-Bbis.	Water - Bbls.	Gua-MCF		
			<u> </u>		

-GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-18)	Casing Pressure (Shut-18)	Choke Size

