STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	Form C-104 Revised 10-01-78 RVATION DIVISION Format 06-01-83 Page 1
	. BOX 2088
LAND OFFICE	NEW MEXICO 87501
TRANSPORTER OIL	
	FOR ALLOWABLE
	AND
	AND ANSPORT OIL AND NATURAL GAS
I. SUMORIZATION TO TRA	ANSPORT UIL AND NATURAL GAS
Operator	
Tahoe Energy, Inc.	
Address	
AAO2 Woot Industry	
4402 West Industrial Records for filing (Check proper box)	<u>Midland, Texas 79703</u>
	Other (Please explain)
Recompletion Oil	Dry Gas
Change in Ownership Casinghead Gas	Condensate
IL DESCRIPTION OF WELL AND LEASE	ng Formation Kind of Lease
Tahoe WA State 2 Saunders F	
Location	Permo Upper Penn ^{State} , Federal or Fee State LG-2265
Unit Letter <u>E</u> ; 1650 Feet From The <u>North</u> Line of Section 11 Township 14-S Ronge	
ninge	<u>33-E , NMPM, Lea County</u>
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU	RALGAS
Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
JM Petroleum Company	2323 Bryan Street-LB-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)
Warren Petroleum Company	
If well produces oil or liquids, Unit Sec. Twp. Rge.	
<u> </u>	12-31-07
I this production is commingled with that from any other lease or po	ol, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
7I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION

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.

J. C. Heennam K. A. Freeman (Signature)			
(Signature)			
President			
(Title)			
6-20-88			
(Date)			

APPROVED ____

ORIGINAL SEGMED BY JEARY SEXTON

TITLE _

BY.

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

1.1 1 1.

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.

19

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

.

1

IV. COMPLETION DATA

.

•

V. COMPLETION DATA	¹ Oil Well ¹ Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Rest
Designate Type of Complet		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-27-88	6-17-88	10,070'	10,020'
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation Saunders Permo	Top Oil/Gas Pay	Tubing Depth
4199.6' GR	Upper Penn	9980'	10,019'
Perforationa 9894' - 10,003			Depth Casing Shoe 10,068 '
	TUBING, CASING, AI	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
175"	13 3/8"	383'	380 SX.
11"	8 5/8"	3041'	350 SX.
7 7/8"	53"	10,068'	700 SX.
	2 7/8"	10,019'	

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 houre)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	Producing Method (Flow, pump, gas lift, etc.)	
5-10-88	6-17-88	Rod Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	180#	140#		
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas - MCF	
•	65	81	67	

GAS WELL

	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	N/A			Choke Size
Ì	Testing Method (pitol, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-in)	CHORE DIRE