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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

OIL CONSERVATION DIVISION

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

Operator

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well	API No.			
Timberline Energy	Inc.						30-025-05273			
Address 1660 17th. Street,	Suite 450	. Denv	er. Col	orado 80	202					
Reason(s) for Filing (Check proper box)	, 50200 130	, benv			er (Please expla	ain)				
New Well	Chan	ge in Transp	porter of:		•					
Recompletion	Oil Dry Gas Change in Operator									
Change in Operator X If change of operator give name	Casinghead Gas	Conde	ensate							
and address of previous operator Pola	iris Produc	tion Co	orp., P	. O. Box	1749, Mi	dland,	Texas 7970	02		
II. DESCRIPTION OF WELL	AND LEASE								•	
Lease Name	Well						ease No.			
T. D. Pope	5	\	W ildeat	- Grani	e Wash	xXXX	Federal or Fee	<u> </u>		
Unit LetterE	_ : 330	F4 F	T.T.	oot II	. 10			37 . 1		
Omi Detter	_ ;	rea r	nom the Wi	est Lin	e and19	10U F	eet From The	North	Line	
Section 36 Townshi	p 14-South	Range	37-E	ast ,N	мрм,		Lea		County	
III. DESIGNATION OF TRAN	SPODTED OI	COIL AN	ו דידי או אי מוני	DAI CAC						
Name of Authorized Transporter of Oil	or Co	ndensate	ID NATO		e address to wh	ich approved	l copy of this form	is to be se	nt)	
amoco Pypelin	عجا الحجا			,				- 11 - 11	· /	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Gi						(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.	Twp. Rge. Is gas actually connected? Whe					n ?			
If this production is commingled with that IV. COMPLETION DATA	from any other leas	e or pool, gi	ive comming	ling order num	>eг:					
Designate Type of Completion	Oil Well Gas Well			New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				TOP OIL CLA				Tubing Depth		
Perforations								Depth Casing Shoe		
	··-·									
	·	CEMENTI	CEMENTING RECORD			2.200 25.15.15				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUES	T FOR ALLC	WABLE								
OIL WELL (Test must be after re	7	une of load	oil and must					ull 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure	***		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIA	NCE		NI 00N	OFD\/	ATION DI		. k I	
I hereby certify that the rules and regula	ations of the Oil Co	nservation			JIL CON	SEHV	ATION DI) N :	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
14.1				Date Approved						
With I NYON					Orig. Signed by					
Signature Davis Payne Polaris Production Corp. (former oper					By Fanl Kautz					
Printed Name	iction Corp	Title	mer o pe	†). Title		·				
10-31-91	9	15/684- Telephone I								
Date		r erebitome i	₩,][

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
- 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.

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HOBBS CHARGE