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

State of New Mexico Energy, Minerals and Nanural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NSPORT (DIL AND NA	TURAL G	AS				
Operator FORCENERGY GAS EXPLORATION, INC.					Well API Na. 30-025-26292					
Address 2730 SW 3RD AVENUE, SI	UITE 80	O, MIAN	MI, FLORI	DA 33129	9-2237					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghea		Transporter of: Dry Gas Condensate		nes (Please exp	lain)				
If change of operator give name and address of previous operator	En En	ron	Oil f	Das Co						
II. DESCRIPTION OF WELL	AND LEA	SE						1 627	188L5464	
Lease Name NEW MEXICO 34 STATE CO	T			uding Formation	The state of the s			(Lease Lease No. Federal or Fee 93275		
Unit Letter F	:19	80 <u> </u>	Feet From The	N Lie	ne and19	980 F	et From The	W	Line	
Section 34 Township	16S		Range 35F	, N	мрм, (-34	=====================================		LEA	County	
III. DESIGNATION OF TRANS	SPORTE	R OF OIL	AND NAT	URAL GAS						
Name of Authorized Transporter of Oil PRIDE PIPELINE		Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TEXAS 79604								
Name of Authorized Transporter of Casing Natural Has Pusle	Address (Giv	Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids, give location of tanks.	Unuit F	•	wp R ₂ .6S 35E		y connected? YES	When		80		
If this production is commingled with that for IV. COMPLETION DATA	rom any othe	r lease or po	ol, give commi	ngling order num	ber:					
Designate Type of Completion -	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.			Total Depth	Total Depth			. *	A	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	<u>l.,</u>			Depth Casir	ng Shoe					
	. 17	UBING, C	ASING AN	D CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re										
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	erice		Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL						·····	<u> </u>			
Actual Prod. Test - MCF/D	Length of T	esi		Bbis. Conden	Bbls. Condensate/MMCF			Gravity of Condensace		
Testing Method (pitot, back pr.)	Tubing Pres	aure (Shut-in)	Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	tions of the C	oil Conservation given	ion above	Date	OIL CON	d	SEP	3 0 '92)N	
H. ALAN NEAL Printed Name 7/1/92 Date		T	ENT ide 86-0845 one No.	Title			. 11 5 14 14 14 14 14 14 14 14 14 14 14 14 14			

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.