

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
REGISTRATION OFFICE		

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

I. Operator  
**VERDE GRANDE INC.**

Address  
**P.O. BOX 147, LOVINGTON, N.M. 88260**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
**Conversion to salt water disposal**

If change of ownership give name and address of previous owner: **PENNZOIL COMPANY, P.O. DRAWER 1828, MIDLAND, TEXAS 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>AZTEC STATE COMB</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Undesignated; Wolfcamp</b>	Kind of Lease <b>State, Federal or Fee State</b>	Lease No. <b>UG-4765</b>
Location				
Unit Letter <b>M</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>18</b> Township <b>16S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. Twp. Rge. 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.

*W. E. Condit*  
(Signature)  
President  
(Title)  
5-16-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 10 1986, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
					X				
Date Spudded 11-17-61	Date Compl. Ready to Prod. 2-3-62	Total Depth 11,378'				P.B.T.D. 11,125'			
Elevations (OF, R/S, RT, GR, etc.) 3844.5 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,480				Tubing Depth 10,050'			
Perforations 10,230-32'; 10,234-40'; 10,672-80'; 10,708-12'; 10,722-26'; 29Holes						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		442		450				
11-1/4"	8-5/8"		4,203		1,700				
7-7/8"	5-1/2"		11,374		400				
	2-7/8"		10,050						

#### 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 - Bbls.	Gas - MCF

#### GAS WELL

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