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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWARI F AND ALITHORIZATION

| I. Operator                                                                                                                                                                                                                                        |                             | TO TR                   | ANSPORT                              | OIL AND I                       | JATURAL (                                                                                                                                                                                                     | RIZATIC<br>BAC | ON                                   |                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|--------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|-------------------------|--|
| DENNIS WOODS dba PRONTO PETROLEUM                                                                                                                                                                                                                  |                             |                         |                                      |                                 | Well API No.                                                                                                                                                                                                  |                |                                      |                         |  |
| Address 703 E. NAVAJO, H                                                                                                                                                                                                                           | 0                           |                         |                                      | 30-025-01594                    |                                                                                                                                                                                                               |                |                                      |                         |  |
| Reason(s) for Filing (Check proper bo                                                                                                                                                                                                              |                             | <del></del>             |                                      |                                 | Other (Please ex                                                                                                                                                                                              |                |                                      |                         |  |
| New Well  Recompletion  Change in Operator                                                                                                                                                                                                         |                             | ad Gas                  | Transporter of:  Dry Gas  Condensate |                                 |                                                                                                                                                                                                               |                |                                      |                         |  |
| If change of operator give name and address of previous operator                                                                                                                                                                                   | OXY USA I                   | INC., F                 | PO BOX 50                            | 250, MID                        | LAND, TX                                                                                                                                                                                                      | 7971           | 0                                    |                         |  |
| II. DESCRIPTION OF WEI                                                                                                                                                                                                                             | L AND LE                    | ASE                     |                                      |                                 |                                                                                                                                                                                                               |                |                                      |                         |  |
| FEDERAL AH                                                                                                                                                                                                                                         |                             |                         | Pool Name, In                        | cluding Formati                 | on                                                                                                                                                                                                            |                | ind of Lease<br>tate, Federal or Fee | Lease No.<br>LC029489-2 |  |
| Location Unit Letter                                                                                                                                                                                                                               | 2                           | 2310                    |                                      | SOUTH                           | 3                                                                                                                                                                                                             | <br>30         |                                      |                         |  |
| Section Town                                                                                                                                                                                                                                       |                             | .8S                     | Feet From The                        |                                 | Line and                                                                                                                                                                                                      | LEA            | _ Feet From The                      | EAST<br>——L             |  |
| III DECICNATION OF THE                                                                                                                                                                                                                             |                             |                         |                                      |                                 | NMPM,                                                                                                                                                                                                         |                | <del></del>                          | County                  |  |
| Name of Authorized Transporter of Oi KOCH OIL COMPANY                                                                                                                                                                                              | ANSPORTE                    | or Conden               | IL AND NA                            | Address (6                      | Sive address to s                                                                                                                                                                                             | which appro    | oved copy of this form               | is to be seni)          |  |
| Name of Authorized Transporter of Ca<br>CONOCO, INC.                                                                                                                                                                                               | Casinghead Gas X or Dry Gas |                         |                                      | Address (C                      | Address (Give address to which approved copy of this form is to be sent) PO BOX 3609, MIDLAND, TX 79702  Address (Give address to which approved copy of this form is to be sent) PO BOX 460, HOBBS, NM 88240 |                |                                      |                         |  |
| If well produces oil or liquids, give location of tanks.                                                                                                                                                                                           | Unit<br>I                   | 9 i                     | i 185 i 31                           | Rge. Is gas actually connected? |                                                                                                                                                                                                               |                | When ?                               |                         |  |
| If this production is commingled with the IV. COMPLETION DATA                                                                                                                                                                                      | at from any oth             | er lease or p           | pool, give comm                      | ingling order nu                | mber:                                                                                                                                                                                                         |                |                                      |                         |  |
| Designate Type of Completic                                                                                                                                                                                                                        |                             | Oil Well                | ì                                    | New We                          | Workover                                                                                                                                                                                                      | Deepe          | n Plug Back Sai                      | ne Res'v Diff Res'      |  |
| Date Spudded                                                                                                                                                                                                                                       | Date Compl. Ready to Prod.  |                         |                                      | Total Dept                      | Total Depth                                                                                                                                                                                                   |                | P.B.T.D.                             |                         |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                                                                                                                                 | Name of Producing Formation |                         |                                      | Top Oil/Ga                      | s Pay                                                                                                                                                                                                         |                |                                      |                         |  |
| erforations                                                                                                                                                                                                                                        |                             |                         |                                      |                                 |                                                                                                                                                                                                               |                | Tubing Depth                         |                         |  |
|                                                                                                                                                                                                                                                    |                             |                         |                                      |                                 |                                                                                                                                                                                                               |                | Depth Casing Sh                      | noe                     |  |
| HOLE SIZE                                                                                                                                                                                                                                          | TUBING, CASING AND          |                         |                                      | D CEMENT                        | CEMENTING RECORD                                                                                                                                                                                              |                |                                      |                         |  |
| TIOCE DIZE                                                                                                                                                                                                                                         | CASING & TUBING SIZE        |                         |                                      |                                 | DEPTH SET                                                                                                                                                                                                     |                |                                      | SACKS CEMENT            |  |
|                                                                                                                                                                                                                                                    |                             |                         |                                      |                                 |                                                                                                                                                                                                               |                |                                      |                         |  |
|                                                                                                                                                                                                                                                    |                             |                         |                                      |                                 |                                                                                                                                                                                                               |                |                                      |                         |  |
| TEST DATA AND REQUE                                                                                                                                                                                                                                | ST FOR AI                   | LLOWA                   | BLE                                  | <u></u>                         | the same and the same and the same and                                                                                                                                                                        |                |                                      |                         |  |
| IL WELL (Test must be after recovery of total volume of load oil and must ate First New Oil Run To Tank Date of Test                                                                                                                               |                             |                         |                                      | Producing M                     | t be equal to or exceed top allowable for this depth or be for full 24 hows.)  Producing Method (Flow, pump, gas lift, etc.)                                                                                  |                |                                      |                         |  |
| ength of Test                                                                                                                                                                                                                                      | Tubing Pressure             |                         |                                      | Casing Press                    | Casing Pressure                                                                                                                                                                                               |                |                                      | Choke Size              |  |
| Actual Prod. During Test                                                                                                                                                                                                                           | Oil - Bbls.                 |                         |                                      | Water - Bbis                    | Water - Bbis.                                                                                                                                                                                                 |                |                                      | Gas- MCF                |  |
| GAS WELL                                                                                                                                                                                                                                           |                             | <del></del>             |                                      |                                 |                                                                                                                                                                                                               | -···           |                                      |                         |  |
| Actual Prod. Test - MCF/D                                                                                                                                                                                                                          | Length of Te                | st                      | <del></del>                          | Bbls. Conder                    | sate/MMCF                                                                                                                                                                                                     |                | C                                    |                         |  |
| sting Method (pitot, back pr.) Tubing                                                                                                                                                                                                              |                             | bing Pressure (Shut-in) |                                      |                                 |                                                                                                                                                                                                               |                | Gravity of Condensate                |                         |  |
| (pass, sack pr.)                                                                                                                                                                                                                                   | tubing Press                | ure (Shut-in            | 1)                                   | Casing Press                    | ire (Shut-in)                                                                                                                                                                                                 |                | Choke Size                           |                         |  |
| I. OPERATOR 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 above is true and complete to the best of my knowledge and belief. |                             |                         |                                      | H                               | OIL CONSERVATION DIVISION  Date Approved                                                                                                                                                                      |                |                                      |                         |  |
| Signature<br>DENNIS WOODS dba PRONTO PETROLEUM - OWNER                                                                                                                                                                                             |                             |                         |                                      | By_                             | By <u>1997 36                                  </u>                                                                                                                                                           |                |                                      |                         |  |
| Printed Name<br>03/11/93                                                                                                                                                                                                                           |                             | 505-39                  | 2 <b>=</b> 5688                      | Title                           |                                                                                                                                                                                                               |                |                                      |                         |  |
| Date                                                                                                                                                                                                                                               |                             | Telepho                 | one No.                              |                                 |                                                                                                                                                                                                               |                |                                      |                         |  |

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.