

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

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, NEW MEXICO 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Paloma Resources Inc.		Well API No. 30-025-25471
Address 703 East Berrendo Roswell, N.M. 88201		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Other (Please explain) <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf-McKay Fed.	Well No. 1	Pool Name, including Formation R-9646 4/1/92 Lower Querecho Plains A.B.S.	Kind of Lease State, Federal or Fee	Lease No. NM-67988
Location Unit Letter N : 660' Feet From The south Line and 1980' Feet From The West Line				
Section 34 Township 18s Range 32e NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Casinghead Gas Phillips 66 Natl. Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 34	Twp. 18	Rge. 32	Is gas actually connected? NO	When? ASAP
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 1/2/92		Total Depth 13086		P.B.T.D. 11640			
Elevations (DF, RKB, RT, GR, etc.) 3715 KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8503'		Tubing Depth 10,042'			
Perforations Non Productive (Old 8503-13 & 8528-35)		New 9868-9929		Depth Casing Shoe 12,919				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 7 7/8	CASING & TUBING SIZE 5 1/2		DEPTH SET 12,919		SACKS CEMENT 650 sx. 2 stage			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 12/24/91	Date of Test 12/26/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 150-200	Casing Pressure PKR	Choke Size 20/64
Actual Prod. During Test 99	Oil - Bbls. 87	Water - Bbls. 12	Gas - MCF 102

VI. 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

VII. 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.

Signature William R. Hansen
Printed Name William R. Hansen Agent
Date 1/2/92 Title 622-4772
Telephone No.

OIL CONSERVATION DIVISION

JAN 28 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.
- 4) Separate Form C-104 must be filed for each well.