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

State of New Mexico rgy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[TO TRA	NSF	PORT OIL	. AND NA	TURALG	-				
Operator Phase Land	- 1-						Well	API No.	´ ¬-	_ /	
Rhombys End Address 200 N. Lore Reason(s) for Filing (Check proper box)	ergy (-ompu	ny				30) - O25	-2701	3 V	
200 N. Lora	ine (Qu' tro	, i⊋	70 1	lidland	TX	7970	j			
Reason(s) for Filing (Check proper box)	'''- 	·411C	10	,,,	Oth	iet (Please expi	1 / / / / / / / / / / / / / / / / / / /				
New Weli		Change in	Transp	porter of:							
Recompletion \square	Oil Cosin-boo		Dry C								
Change in Operator f change of operator give name	Casinghea	d Gas	Cond	ensate X	 		·				
nd address of previous operator											
I. DESCRIPTION OF WELL	AND LEA										
Lease Name Well No. Pool Name, Includin									of Lease No. Federal or Fee 1/1/12277		
Pennzoil Federal C.	DM .		We	est La	Kica 1.	10rrow		Q COCCIATION TO	~ 1/////	2277	
	_ :_ 198	PO	Feet 1	From The _S	0474 Lin	ne and	FO Fe	eet From The	East	Line	
Section 29 Towns	hip 185	<u>, </u>	Range	. 34E	, N	МРМ,		Leg		County	
II. DESIGNATION OF TRA	NSPORTE	R OF OI	T. A?	ND NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Condens				ve address to w	hich approved	copy of this	form is to be se	ent)	
Koch Oil Company						Box 3609 Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Cas											
Enren Cas Processing If well produces oil or liquids,			ピルハ Twp.			1/88 ly connected?	170USTON When		1251-118	<i>'</i> 3	
ive location of tanks.	J	29	185		Ye		i when	9-2-81	1		
f this production is commingled with the	at from any oth	er lease or p	pool, g	ive commingl	ing order num	iber:	<u> </u>				
V. COMPLETION DATA		Oil Well		Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio						<u> </u>		İ	1	1	
Date Spudded	Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					[Depth Casi	Depth Casing Shoe		
		CIDING	C 4 S	INC. AND	CEMENT	NC PECOL	2D		·		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								-		· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQU	EST FOR A	ALLOW A	ABLI	E	J						
OIL WELL (Test must be afte.					,				for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	sure	 	Choke Size	Choke Size		
								G. NGF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bois.			Gas- MCF		
GAS WELL					<u> </u>						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMF	PLJA	NCE	1			. = . =	D 2 2 2 2 2		
I hereby certify that the rules and rep	gulations of the	Oil Conser	vation			OIL COI	NSERV	AHON	DIVISIO	אכ	
Division have been complied with a is true and complete to the best of m	w knowladza a	nd haliaf				_		•	1 4 1993		
is true and complete to the best of fi	, knowledge a	na ocuci.			Date	e Approve	ed				
Throng I l	abirly.					.á ×	J. F		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Signature	Calina		PI.	عددارد.ه	By_	,	1. *				
Printed Name	<u> </u>	11	Title	-SIGETE	Title	9					
Signature Gregory D. Printed Name 4-8-93		715-62	5 <u>23</u> -	-8873							
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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.