

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Zia Energy, Inc.

Address P.O. Box 2219, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain) Notice of connection for casinghead gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "B"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Foster San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>V-802</u>
Location				
Unit Letter <u>G</u>	<u>1980</u> Feet From The <u>North</u> Line and	<u>1980</u> Feet From The <u>East</u>		
Line of Section <u>36</u>	Township <u>18 South</u>	Range <u>38 East</u>	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>10099 Penbrook, Odessa, Tx 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. GPM
<u>G 36 18S 38E</u>	<u>10099</u>
Was actually connected?	When
<u>Yes</u>	<u>10/25/88</u>

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.

M. J. Nelson
(Signature)
Engineer
(Title)
12/8/88
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 12 1988, 19____
BY ORIGINAL SIGNED BY HARRY 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 deepen well, this form must be accompanied by a tabulation of the deviated 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 Res'v.	Diff. Re
		X					X		X
Date Spudded 5/29/84	Date Compl. Ready to Prod. 5/5/88		Total Depth 8000'			P.B.T.D. 5950'			
Elevations (DF, RKB, RT, GR, etc.) 3599.3' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4480'			Tubing Depth 4800'			
Perforations 4480' - 4498' 19 Holes						Depth Casing Shoe 8000'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	408'	400 sx - circ
11"	8 5/8"	4000'	1500 sx - circ
7 7/8"	5 1/2"	8000'	800 sx - TQC 3950'
	2 7/8"	4800'	

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 5/5/88	Date of Test 5/8/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size -
Actual Prod. During Test 71 bbls	Oil-Bbls. 6 bbls	Water-Bbls. 65 bbls	Gas-MCF 50 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

DEC 9 1988
OCD
HOBBS OFFICE