

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-1-88 UNLESS AN EXCEPTION TO R-8070 IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "B"	Well No. 1	Pool Name, including Formation R-8772 Foster San Andres 11/1/88	Kind of Lease State, Federal or Fee State	Lease No. V-803
Location				
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East				
Line of Section 36 Township 18 South Range 38 East , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159
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.
G 36 18S 38E	No
Is gas actually connected?	When
No	As Soon as possible

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)
06/22/88
(Date)

OIL CONSERVATION DIVISION

APPROVED 1988, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		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 - TOC 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