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

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

State of New Mexico ergy, Minerals and Natural Resources Departs

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 Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IOTRA	INSP	OHI OIL	_ AND NA	TUHAL G		ADINA			
Operator FLOYD OPERATING COMPANY						Well API No. 30-025-29471					
Address 711 LOUISIANA, STE 1740, H	IOUSTON,	TX 7700	02								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghea	Change in	Transp Dry G	** 📋	Oth	et (Please expl	ain)				
If shapes of operator give name	ENERGY	COMPA	NY, F	P.O. BOX	2880. DA	LLAS, TX	75221-	2880			
and actives of provider operators											
II. DESCRIPTION OF WELL AND LEASE Lease Name MESCALERO RIDGE FEDERAL Well No. Pool Name, Include MESCALERO MESCALERO					-	ONE SPRIN	State,	Kind of Lease State, Federal or Fee FEDERAL		Lesse No. LC-063645	
Location	. 430		P P	nc	ORTH Lin	900	r.	eet From The	EAST	Line	
10 100 225							r				
Secuon 10wham	C					мрм,		LLA		County	
						Address (Give address to which approved copy of this form is to be sent)					
TEXAS NEW MEXICO PIPE						P.O. BOX 42130, HOUSTON, TX 77242					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas PHILLIPS 66 NATURAL GAS CO.						Address (Give address to which approved copy of this form is to be sent) 444 HS & L BLDG, BARTLESVILLE, OK 74004					
If well produces oil or liquids,	Unit S∞c.		Corporation Twp. Rge.		Is gas actuall			When ?			
give location of tanks.	1 A 1	13	185		ling order num		<u>_</u> <u>İ</u>	·····			
If this production is commingled with that f IV. COMPLETION DATA	rom any our	et lease of	poor, gr	ve community	ning older nam						
Designate Type of Completion -	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	npl. 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 Casing Shoe					
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		1						
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		of load	oil and must		exceed top allowing thou (Flow, pr			for full 24 hou	rs.)	
Length of Test	Their Desgra				Casing Pressure			Choke Size			
	Tubing Pressure							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
GAS WELL											
Actual Prod. Test - MCF/D	xd. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-ia)			Choke Size			
VI. OPERATOR CERTIFICA				NCE		OIL CON	ISERV	ATION	DIVISIO	N	
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.					Date Approved DEC 2 2 '92						
		1	_		Dale	Whinne	·				
Signature EXEC. V.P.					By ORIGINAL SISNED BY JERRY SEXTON BISTRIGT SUPERVISOR						
JOHN N. BLACK Printed Name			Title		Title						
Date 12-11-97		(713) Tele	222-0 phone 1								

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.

12-11-82