

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 08-01-83  
Page 1

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **FORAN OIL COMPANY**

Address **8340 MEADOW ROAD, SUITE 158 DALLAS, TEXAS 75231**

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 6-2-88  
UNLESS AN EXCEPTION TO R-407  
IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>FORAN "NF" STATE</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Lusk Delmonico</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-482</b>
Location				
Unit Letter <b>B</b> : <b>330</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>EAST</b>				
Line of Section <b>32</b> Township <b>19S</b> Range <b>32E</b> , NMPM, <b>LEA</b> 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"/> <b>TEXAS NEW MEXICO PIPELINE</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 2528 HOBBS NM 88240</b>	
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 <b>B</b>	Sec. <b>32</b>
	Twp. <b>19S</b>	Rge. <b>32E</b>
	Is gas actually connected? <b>NO</b>	
	When	

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.

*J. M. Carner*

EXECUTIVE V.P.

4-14-88

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 18 1988** 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despoiled 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	12-16-87	Date Compl. Ready to Prod.		4-7-88		Total Depth	6,588		
Elevations (DF, RKB, RT, GR, etc.)	3,560 KB	Name of Producing Formation		U. BRUSHY CANYON		Top Oil/Gas Pay	5,664		
Perforations	5664-5681					Tubing Depth	6,532		
						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	890	760
12 1/4"	8 5/8"	3,908	540
			1015
7 7/8"	5 1/2"	6,582	545

#### 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	4-7-88	Date of Test	4-9-88	Producing Method (Flow, pump, gas lift, etc.)	PUMPING
Length of Test	24 HRS.	Tubing Pressure	—	Casing Pressure	—
Actual Prod. During Test		Oil - Bbls.	25	Water - Bbls.	110
				Gas - MCF	737M

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (split, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-in)	Choke Size

NO. 100-100000  
100-100000  
100-100000