

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Terra Resources, Inc.		Well API No. 30-025-30515
Address 10 Desta Drive, Suite 500 West, Midland, Texas 79707		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
Casinghead Gas MUST NOT BE FLARED AFTER 4-1-89 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Terra Exxon 23 State	Well No. 1	Pool Name, Including Formation Reeves Wolfcamp	Kind of Lease (State, Federal or Fee)	Lease No. V-1092
Location Unit Letter H : 1980' Feet From The FNL Line and 990' Feet From The FEL Line Section 23 Township 18S Range 25E 35E, 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"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 H	Sec. 23	Twp. 18S	Rge. 35E	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-4-88	Date Compl. Ready to Prod. 1-19-89		Total Depth 11,000		P.B.T.D. 10,600			
Elevations (DF, RKB, RT, GR, etc.) 3870 GL, 3885 KB	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,354		Tubing Depth 10,277			
Perforations 12,354-56 + 10,362-10376					Depth Casing Shoe 10,999			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		415		420			
12-1/4	8-5/8		4595		3100			
7-7/8	5-1/2		10,949		225			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 1/15/89	Date of Test 2/21/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 10	Casing Pressure 10	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 2	Gas- MCF 240

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

C. Robert Winkler III
Signature
C. Robert Winkler III Oper. Engineer
Printed Name Title
2/22/89 (915) 684-3861
Date Telephone No.

OIL CONSERVATION DIVISION
FEB 27 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

Winkler has v
2/22/89
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