Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and N		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O.	ATION DIVISION Box 2088	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 -	REQUEST FOR ALLOW	Mexico 87504-2088 ABLE AND AUTHORIZATION	l
I. Operator FORCENERGY GAS EXPLOI			APINO 0.025 28550
Address			0-025-28556
Reason(s) for Filing (Check proper box)	SUITE 800, MIAMI, FLORII	DA 33129-2237 Other (Please explain)	
New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate X		
If change of operator give name and address of previous operator	Enson Oil + Gas	. Co	
II. DESCRIPTION OF WELI	· · · · · · · · · · · · · · · · · · ·		
SHOE BAR 14 STATE CON	Well No.         Pool Name, include           1         SHOE BAR		of Lease Lease No. DFederal or Fee 1 <del>987</del> 262051
Unit LetterL		S Line and660 F	Feet From The WLine
Section 14 Towns	hip 175 Range 351	NMPM	LEA County
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT		
Name of Authorized Transporter of Oil PRIDE PIPELINE	er Genden sale	Address (Give address to which approve P. O. BOX 2436, ABILE	d copy of this form is to be sent) NE, TEXAS 79604
Name of Authorized Transporter of Casi GPM Gas Con		Address (Give address to which approved copy of this form is to be sent)	
If well produces of or liquids, give location of tanks.	Unit Sec. Twp. Rge L 14 17S 35E	Is gas actually connected? When ? YES 1984	
If this production is commingled with the IV. COMPLETION DATA	a from any other lease or pool, give commin	gling order number:	
Designate Type of Completion	Oil Well Gas Well 1 - (X)	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth	
Perforations	_ <b>I</b>		Depth Casing Shoe
		CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		
	recovery of total volume of load oil and mus	t be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift,	is depth or be for full 24 hours.)
Length of Test	Tubing Pressure Casing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbla	Water - Bbis.	Caole Size
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 (Shus-in)	Choke Size
VL OPERATOR CERTIFIC		1	
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.		OIL CONSERVATION DIVISION SEP 30'92	
$\sqrt{100}$	The a	Date Approved	
Signature H. ALAN NEAL		By <u>DRIGINAL SIGNED BY JERRY SEXTOM</u>	
Printed Name 7/1/92	(915)686 <del>-</del> 0845	Title	
Dute	Telephone No.		

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.

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- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.