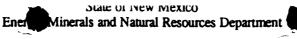
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210



Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OLL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u> </u>	ţ	O IIIAIN	or or or	- הווט וזה	I OF IAL G	70				
Operator INC.						Well	API No.	- 2 (= :	262 24	
WJC Engineering				· • • • • • • • • • • • • • • • • • • •			301	JUS -0	29334	
Address' 7 Post		793							•	
P. O. Box 3857, Midla Reason(s) for Filing (Check proper box)	<u>ed. Texa</u>	as 79702	-		сг (Please expl	-2-1			<u> </u>	
New Well		Change in Tra	nemorter of:		ci (Fiease expi	aur)				
Recompletion	Oil		y Gas	ch	0- 40.00	and Ma	me tro	ni: C.F	Brooks	
Change in Operator	Casinghead		ndensate	F.C.C.	inge it			,0,0,2	. Brooks	
If change of operator give name _	Castignead	Gas Co	nocusate	Effe	ctive 5-1	1-92				
and address of previous operator Enr	on 0il 8	& Gas Co	mpany, P.	O. Box	2267 M	idland.	Texas 7	9702		
II. DESCRIPTION OF WELL			· · · · · · · · · · · · · · · · · · ·		•		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,02	7	
Lease Name Well No. Pool Name, Including Formation							Kind of Lease Fee Lease No.			
Brooks, C. E.		1		evonian, South			tate, Federal or Fee			
Location			MIONICS D	CYOHIOH	• JOUCH					
Unit Letter E	. 198	80 Ee	t From The	north الم	nd (660 F	et From The	west	1:	
Cint Detter		<u> </u>	z rioui ine	<u></u>		r	et Pioni The	- NCSC	Line	
Section 18 Townshi	p 17S	Ra	nge 39E	, N	мрм,	·		l ea	County	
FOTT Energy Operating LB										
Name of Additional Holling of Oil To										
Name of Atamounts Important of Oil		rir E chrienesie	TIL CLANE	Address (Gi						
Enron Oil Trading & Transp. Aftertive 1 1 02 P. O. Box 1188, Houston, Texas 772										
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corp.	588 Phillips Bldg., Bartlesville, OK 74004									
If well produces oil or liquids, Unit Sec. Unit Sec. F 1 1 1 1 1 1 1 1 1			rp. Rge.	Is gas actually connected?			7	10/0/05		
f this production is commingled with that		18 1	7 39	<u>Ye</u>		t		12/9/85)	
IV. COMPLETION DATA	rom any our	r rease or poor	, give commung:	ing order num	DET:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Diva Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	0.0 0.1	110# 110H 	ia.ko.c.	l pechen	I ung back	Settle Kes v	Dill Kes v	
Date Spudded	Date Compl	. Ready to Pro	d.	Total Depth	I	 	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe					
			· · · · · · · · · · · · · · · · · · ·							
TUBING, CASING AND										
HOLE SIZE CASING &			& TUBING SIZE		DEPTH SET		SACKS CEMENT			
										
· · · · · · · · · · · · · · · · · · ·	 									
	 	· · · · · · · · · · · · · · · · · · ·								
V. TEST DATA AND REQUES	T FOD A	LOWADI	F				<u> </u>			
OIL WELL (Test must be after re				he equal to an	arasad tan alla			<i></i>	- 1	
Date First New Oil Run To Tank	Date of Test		da ou ana musi					or juli 24 nou	'5.)	
	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure				Casing Pressure Choke Size					
•	, , , , , , , , , , , , , , , , , , , ,								ļ	
ctual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
			ĺ							
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	est	 1	Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
									-	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF (COMPLIA	NCF				L			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above				OIL CONSERVATION DIVISION 792						
is true and complete to the best of my knowledge and belief.					Date Approved					
D. V.										
Plate Jeldon William					ORIGINAL SIGNED BY JERRY SEXTON					
Signature Betty Gildon, Regulatory Analyst 9156854171					ByBISTRIGT I SUPERVISOR					
Part and the same of the same										
4/30/92	915	6/686-37	-	Title						
Date		Telephon								

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.