ubmit 5 Copies ppropriate District Office STRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department 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

NSTRICT III 000 Rio Brazos Rd., Aztec, NM 87410

<u> DISTRICT II</u> O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTHA	MSPU	TI UIL	AND NAT	UNAL GA	Well Al	DI No			
TEG ENTERPRISE					1			10-025-29360		
ddress D Box		Tesu	a N	lew 1	1exico	882				
eason(s) for Filing (Check proper box)	, , , , , , , , , , , , , , , , , , , ,			X Other	(Please explai	n)				
lew Well		Transporte Dry Gas	of:							
Recompletion	Casinghead Gas	Condensa	ite 🗌	CH	ANGE	10	Dune	RShiT	0	
change of operator give name	REST ON	Col	RP. I	700 DENY	an PLASE	999 EI	PICENTH	57. Oc	Nen. COLO 8020	
						, ,			8020	
. DESCRIPTION OF WELL AND LEASE ease Name Well No. Pool Name, Includin				ng Formation			Kind of Lease State, Federal or Fee		Lease No.	
B. Lee STA	7e 8	Sch	ARB	Woh	F CAMP	O. State, I	ederal or ree	600	08-1	
Ocation Unit Letter	: 467	_ Feet From	n The A	ORTH Line	and 66	0 Fee	et From The _	EAST	Line	
Section 5 Townshi	in 19 s	Range	35	E, NM	IPM,	LE	A		County ·	
	Y 1 1		-•							
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND	NATU	RAL GAS	address to wh	ich approved	copy of this for	m is to be ser	nt)	
Name of Authorized Transporter of Oil		UCKS		4001	PEND	ROOK	()des	N. Texa	s 79762	
Name of Authorized Transporter of Casin				Address (Gin	steptuary	ich app 99 21	copy of this for	rm is to be set	nt)	
Phillips FCT	CO GO That	<u>Gas</u>	/	is gas actually	ENDROOM	When	55A, 7G	XAS ,	19762	
f well produces oil or liquids, ive location of tanks.	Unit S∞.	19wp. 119s	I кge. 1 <i>35</i> С		E_S	Witen	•			
this production is commingled with that	from any other lease or	r pool, give			ег					
V. COMPLETION DATA		,				D	Plug Back	Same Des'y	Diff Res'v	
Designate Type of Completion	Oil We	11 G:	as Weil	New Well	Workover	Deepen	Plug Back	Same Res v	J	
Date Spudded	Date Compl. 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				<u> </u>			Depth Casing	g Shoe		
011011110111										
	TUBINO	, CASIN	ig and	CEMENTI				ACKS CEM		
HOLE SIZE	CASING & TUBING SIZE			<u> </u>	DEPTH SET			SACKS CEMENT		
	DOMESTIC ALL OVE	VADLE					1			
V. TEST DATA AND REQUE	recovery of total volum	VANDLE wofloado	il and mus	t be equal to or	exceed top all	owable for thi	s depth or be j	or full 24 hou	σs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	2 0, 1000		Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
				Casing Program			Choke Size			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			CHOKE SIZE		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
Worder Liver Daniel Logs	J. 50									
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	The state of the s			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Caoling 1 resoure (Ontar-in)						
VI. OPERATOR CERTIFI	CATE OF COM	1PLIAN	ICE		OIL COI	VICED!	ΔΤΙΩΝ	DIVISIO	NC	
I hereby certify that the rules and rep	gulations of the Oil Com	servation				40LI IV	, , , , , , , , , , , , , , , , ,		~··	
Division have been complied with ar is true and complete to the best of m	nd that the information (ly knowledge and belief.		•	Det	e Approve	ed	· · · · · · · · · · · · · · · · · · ·	giszt.		
	y			Dall	o vibbioas	· · ·				
James E. S.	Ving.			∥ By_						
Signature TAMES E	EUY U. PA	RTN	in			Υ				
Printed Name		Title	6011	Title	·					
2//30/9/ Date	<u> </u>	elephone N	¥0. ▼ XII							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.