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Appropriate District Office
DISTRICT I
P.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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	HEQUEST FO TO TRA	NSPORT OI							
Operator Caprock Explora	Caprock Exploration, Inc.				Well API No. 30-025-30223				
Address	Odessa, Texa	as 79760							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		Transporter of: Dry Gas Condensate	Other (	<i>Please expla</i> fectiv	in) 'e dat	e 8/1/91			
If change of operator give name and address of previous operator Ch	eyenne Resou	uces F.O	. Box 18	13 Mi	dland	, Texas	79702		
II. DESCRIPTION OF WELL									
Lease Name Nescalero "A" S	tate Well No. Pool Name, Including Formation Vacuum Grayburg San Andre			Kind See2,	of Lease Federal or Fee	V-3	23se No. 96		
Location Unit Letter E	_ : <u>660</u>	Feet From The			180	et From The	north	Line	
Section 18 Townsh	<sub>ip</sub> 17-S	Range 34-E	, NMP	м, I	ea			County	
III. DESIGNATION OF TRAI	NSPORTER OF O	L AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	XX or Conden			ddress to wh	ich approved	l copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Undesignated, no contract			F.O. Box 3119 Midland, TX 79701  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 Sec 18	Twp. 3 Rge.	N/A Is gas actually co	onnected?	When	? Known		· · · · · · · · · · · · · · · · · · ·	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming				1110111			
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well V	Vorkover	Deepen	Plug Back   S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	<del></del>	.L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
	TUBING,	CASING AND	CEMENTING	RECORI	<del></del>			· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
							<del></del>		
		*** <u>*****</u>							
V. TEST DATA AND REQUE OIL WELL (Test must be after						1	<del></del>		
Date First New Oil Run To Tank	recovery of total volume of load oil and must Date of Test		Producing Method (Flow, pump, gas lift, et			s depth or be for full 24 hours.) stc.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	!			-					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate	MMCF		Gravity of Con	densate	<del></del>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	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.  Signature  Ke_T Wolker  Printed Name  Title  7/2 < / 9   (27 - 102 7)			OIL CONSERVATION DIVISIO						
Signature Ke-T Wolker Pertner			By Sgued by Fair Knutz						
Printed Name  7/25/91  Date	112) 600	Title /83 Z shone No.	Title		-	Geologis <b>t</b>			

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.

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