

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1960, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
on back of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                 |  |                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Almanzo Oil Corporation 505/623-1996                                                                                                                                |  | Well API No.<br>30-025-30663                                                                                                                                              |
| Address<br>P.O. Box 2107/Roswell, NM 88202-2107                                                                                                                                 |  |                                                                                                                                                                           |
| Reason(s) for Filing (Check proper box)<br>New Well <input checked="" type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input type="checkbox"/> |  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Composites <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please explain)<br>Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)                    |  |                                                                                                                                                                           |

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                  |               |                                               |                                     |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|-------------------------------------|-----------------------|
| Lease Name<br>Sun Pearl Federal                                                                                                                  | Well No.<br>2 | Pool Name, including Formation<br>Pearl Queen | Kind of Lease<br>XXX, Federal & XXX | Lease No.<br>NM-56263 |
| Location<br>Unit Letter I : 1850' Feet From The South Line and 550' Feet From The East Line<br>Section 28 Township 19S Range 34E NMPM Lea County |               |                                               |                                     |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                             |                                                                                                                |            |             |             |                                   |       |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-----------------------------------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Composites <input type="checkbox"/><br>Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Drawer 159, Artesia, NM 88210 |            |             |             |                                   |       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Unknown                    | Address (Give address to which approved copy of this form is to be sent)                                       |            |             |             |                                   |       |
| If well produces oil or liquids, give volume of liquids                                                                                     | Unit<br>I                                                                                                      | Sec.<br>28 | Twp.<br>19S | Rge.<br>34E | Is gas actually compressed?<br>No | When? |

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

IV. COMPLETION DATA

|                                                |                                            |                          |                                             |               |             |                |                |                |
|------------------------------------------------|--------------------------------------------|--------------------------|---------------------------------------------|---------------|-------------|----------------|----------------|----------------|
| Designate Type of Completion - (X)<br>X        | Oil Well<br>X                              | Gas Well<br>X            | New Well<br>X                               | Workover<br>X | Deepen<br>X | Plug back<br>X | Stimulate<br>X | Full hole<br>X |
| Date Spudded<br>11/17/89                       | Date Complete Ready to Produce<br>12/12/89 | Total Depth<br>5153'     | P.B.T.D.<br>5118' KB                        |               |             |                |                |                |
| Elevations (DF, RCB, RT, CR, etc.)<br>3709' GL | Name of Producing Formation<br>Pearl Queen | Top Oil/Gas Pay<br>4520' | Tubing Depth<br>4864'                       |               |             |                |                |                |
| Performance<br>4782' - 4788' and 4829' - 4835' |                                            |                          | Depth Casing Shoe<br>5153'                  |               |             |                |                |                |
| TUBING, CASING AND CEMENTING RECORD            |                                            |                          |                                             |               |             |                |                |                |
| HOLE SIZE<br>12-1/4"                           | CASING & TUBING SIZE<br>8-5/8" 24# K55     | DEPTH SET<br>1359' KB    | SACKS CEMENT<br>400 Hal. Lite & 200 Class C |               |             |                |                |                |
| 7-7/8"                                         | 5-1/2" N80 17# LT&C                        | 5153' KB                 | 750 Hal. Lite & 350 50/50                   |               |             |                |                |                |
|                                                | 2-7/8" N80 6.5#                            | 4864'                    |                                             |               |             |                |                |                |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of initial volume of liquid 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<br>12/15/89 | Date of Test<br>12/16/89 | Producing Interval (Flow, pump, gas lift, etc.)<br>Pump |                 |
| Length of Test<br>24 hrs                   | Tubing Pressure          | Casing Pressure                                         | Casing Size     |
| Actual Prod. During Test                   | Oil - Bbls.<br>128       | Water - Bbls.                                           | Gas - MCF<br>50 |

GAS WELL

|                                   |                          |                          |                       |
|-----------------------------------|--------------------------|--------------------------|-----------------------|
| Actual First Test - MCF/D         | Length of Test           | Bbls. Composites/MCF     | Gravity of Composites |
| Testing Interval (pump, back pr.) | Tubing Pressure (Std-in) | Casing Pressure (Std-in) | Casing 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 correct to the best of my knowledge and belief.

Signature  
Production Clerk  
Printed Name  
1/2/90  
Date  
505/623-1996  
Telephone No.

OIL CONSERVATION DIVISION

JAN 05 1990

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.

RECEIVED

MAY 04 1990

OCD  
NOBBS OFFICE