hubmit 5 Copies 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

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT II 2.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

NORTH CENTRAL OPERATING	I CENTRAL OPERATING P.O. DRAWER 1468 GRAHAM, TX 76450							30 025 25140			
dress											
eason(s) for Filing (Check proper box)  Other (Please explain)											
New Well	Change in Transporter of:										
Recompletion	Oil Dry Gas Effective: /2/31/92										
Change in Operator X	Changing on Control										
f change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702											
I. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. Pool Name, Includin				-6			Lease Fed Lease No.			
La Rica Unit	1 Tonto (Sev				ven Rivers) State, P			Federal or Fee NM 24489			
Location M L	1.0	980			couth	660			wêst		
Unit Letter	:	760	_ Feet Fn	om The	Line	and 660	Fee	t From The	WEST	Line	
Section 13 Township	198		Range	. 33E	, N	ирм,	Lea			County	
II DESIGNATION OF TRANSPORTED OF OH AND NATURAL GAS											
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Thron Vil Trading Frans Co Earl Energy Carp											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
	1	1.	1	1 2	T11		When				
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	i kge.	Is gas actuall	y connected?	When	ı			
this production is commingled with that from any other lease or pool, give commingling order number:											
V. COMPLETION DATA						1	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Designate Type of Completion -	(X)	Oil Wel	ı   (	Gas Well	New Well	Workover	Deepen   !	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		npl. Ready to	o Prod.		Total Depth	L	1	P.B.T.D.		l	
•											
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
7. TEST DATA AND REQUES OIL WELL (Test must be after re				ail and must	he equal to or	exceed ton all	numble for this	denth or he for	full 24 hour	s.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of T		oj ioaa i	ou ana musi	Producing M	ethod (Flow, pu	ımp, gas lift, e	(c.)			
	3										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Floor During Test	OH + 2018.					Water - Dors.					
GAS WELL	I										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
						(Cl. A. la)			Choke Size		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cloke Size			
W OPEN MOD GERMINA	1 TE O	F CO) (1	OT TAR	ICE				<u> </u>	<del></del>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								DEC 2 1 200			
is true and complete to the best of my knowledge and belief.					Date Approved			DEC 3 1'92			
In State											
Signature Town STRATION VP					By_	ORIGINAL S	<u>sisened by</u> Frigt I suf	JERRY SEX	ION		
1000 37700,7000					T:41 =		18641 13U	MAYI3UK			
Printed Name    12-3-92					Title						
Date											

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.

/55/ Lot: 413