State of New Mexico
Energy, Minerals and Natural Resources Department

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

TRICT II
). Drawer DD, Anteda, NM 88210

mit 5 Copies propriate District Office TRICT I). Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III
30 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| perator | | | | | | | Well | API No. | | | |
|--|--|------------------|-------------------|---------------------------|---|------------------------------------|--|----------------------------------|-------------------|---|--|
| OLSEN ENERGY, IN | С. | | | | | | | N/A | | | |
| 16414 San Pedro. | Sufte | 470 | San / | \nto=== | TL. 70 | 222 | | | | | |
| cason(s) for Filing (Check proper box) | Duice | 470. | sau r | MICOUITO | | 1232. het (Please expl | lain) | - | | | |
| cw Well | Well Change in Transporter of: | | | | | | | | | | |
| ecompletion Oil Dry Gas hange in Operator Di Casinghead Gas Condensate | | | | | | | | | | | |
| change of operator give name d address of previous operator Texaco, Inc., P.O. Box 728, Hobbs, N.M. 88240. | | | | | | | | | | | |
| . DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | |
| ease Name | Well No. Pool Name, Includi | | | | ing Formation 1 | | | ind of Lease No. | | | |
| B. V. Lynch "A" | Federal 11 Lynch-Yate | | | | es Seven | Rivers | xState. | StatexFederal on Free LC-029519- | | | |
| Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east Line | | | | | | | | | | | |
| Section 34 Townshi | 20s | | Range | 34E | ,N | МРМ, | Lea | | | County | |
| I DESIGNATION OF TRANSPORTED OF OUR AND ALL | | | | | | | | | | | |
| ame of Authorized Transporter of Oil or Condensate Address (Give address to which approved conv of this form is to be sent) | | | | | | | | | | | |
| Texas-New Mexico Pipeline Company | | | | | | P.O. Box 2528 Hobbs, N.M. 88240 | | | | | |
| ame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | nt) | |
| well produces oil or liquids, re location of tanks. | Unit | Sec. | Twp. | Rge. | | | | n ? | | | |
| this production is commingled with that from any other lease or pool, give commingling order number: CTB-248 | | | | | | | | | | | |
| /. COMPLETION DATA | | | | | | | JID-240 | | | , | |
| Designate Type of Completion | - (X) | Oil Wel | 1 | Gas Well | New Well | Workover | Deepen | Plug Back Sa | me Res v | Diff Res'v | |
| ate Spudded | Date Com | pl. Ready to | o Prod. | | Total Depth | · | | P.B.T.D. | | -l | |
| evations (DF, RKB, RT, GR, etc.) | DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | Tubing Depth | | |
| erforations | | | | | | | | Darth Caring Chan | | | |
| | | | | | | | | Deput Casing S | Depth Casing Shoe | | |
| | CEMENTI | CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| . TEST DATA AND REQUES | T FOD A | 11011 | 4 D 7 D | | | | | | | | |
| | | | | | he equal to or | exceed ton all | wahle for th | is donth on he for a | 5.11 24 Laure | -1 | |
| IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 lours.) ate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | | | |
| ength of Test | This Program | | | Carian Davis | | | (Challe C' | Choke Size | | | |
| | Tubing Pressure | | | Casing Pressure | | | Ciloxe Size | | | | |
| ctual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | Gas-MCF | Gas- MCF | | | |
| GAS WELL | L | | | | .l | | | <u> </u> | | | |
| ctual Prod. Test - MCF/D | Length of | Length of Test | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | | |
| sting Method (pitot, back pr.) | Trucking the | | | | <u></u> | 784 | | | | | |
| sting Method (phot, oack pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| I. OPERATOR CERTIFICA | ATE OF | COMI | LIA | NCE | | 211 221 | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | (| OIL CON | ISERV | ATION D | VISIC | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | OIL CONSERVATION DIVISION JAN 3 1 1989 | | | | | | |
| () as 7 | | | | | | Approve | a | | | | |
| Stanton | | | | | By_ | By ORIGINAL SIGNED BY JERRY SIXTON | | | | | |
| Signature Dick Morton Drilling & Prod n Manager | | | | | - لاح | DISTRICT I SUPERVISOR | | | | | |
| Printed Name Title Jan 27, 1989 512 496-2466 | | | | | Title | | · | · | | ٠. | |
| Date 5311 27, 1989 | 31. | | 96-24 ephone l | | | | | | | *************************************** | |
| | | | | | 11 | | | | | | |

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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