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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
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

perator OLSEN ENERGY, INC.,	Well API No. N/A
dness 16414 San Pedro, Suite 470, San Antonio, Tx., 78232	
ason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Completion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name Address of previous operator Texaco, Inc., P.O. Box 728, Hobbs, N.M. 88240	

DESCRIPTION OF WELL AND LEASE

ase Name B. V. Lynch "A" Federal	Well No. 2	Pool Name, Including Formation Lynch-Yates Seven Rivers	Kind of Lease <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Free	Lease No. LC-029519-(A)
ocation Unit Letter P : 660 Feet From The east Line and 660 Feet From The south Line Section 34 Township 20S Range 34E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *Swid well*

ime of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
ime of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
well produces oil or liquids, e location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? J 34 20-S 34-E No
his production is commingled with that from any other lease or pool, give commingling order number: CTB-248	

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
ate Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
erforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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 hours.)			
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 Condensate
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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 *Dick Morton*
Dick Morton Drilling & Prod'n Manager
Printed Name
Jan 27, 1989 512 496-2466
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 31 1989

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

