

Submit 5 Copies  
to appropriate District Office  
**STRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**STRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**STRICT III**  
P.O. Box 800, Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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

DESCRIPTION OF WELL AND LEASE

Case Name <b>B. V. Lynch "A" Federal</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>Lynch-Yates Seven Rivers</b>	Kind of Lease <input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal or <input type="checkbox"/> Free	Lease No. <b>LC-029519-(A)</b>
Location Unit Letter <b>L</b> : <b>1650</b> Feet From The <b>south</b> Line and <b>990</b> Feet From The <b>west</b> Line Section <b>35</b> Township <b>20S</b> Range <b>34E</b> , <b>NMPM</b> Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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.)			
Date 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
Testing 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**  
Printed Name  
**Dick Morton**  
Title  
**Drilling & Prod'n Manager**  
Date  
**Jan 27, 1989**  
Telephone No.  
**512 496-2466**

OIL CONSERVATION DIVISION

Date Approved **JAN 31 1989**  
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.

10-11-80

10-11-80 10:11 AM  
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RECEIVED

JAN 30 1980

OCD  
HOBBS OFFICE