Submit 5 Copies
Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme.

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Bio Brazos Rd.: Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

-	HEQU		R ALLOWAE							
I. Operator		OTHAN	SPORT OIL	- AND NA	TURAL G	AS Well	API No.			
Zia Energy, Inc.						30-025-04208				
Address			· 1					023 04		
P. O. Box 2219	·	WEI OOZ	+ 1		her (l'lease exp	lain				
Reason(s) for Filing (Check proper box) New Well		Change in Tr	ansporter of:		nei (i ienze ext.	iainj				
Recompletion	Oil		ry Gas							
Change in Operator X			ondensate [
If change of operator give name and address of previous operator Two	States O	il Co.,	4925 Gree	enville	Ave., Da	llas, T	x 75206-	4018		
II. DESCRIPTION OF WELL	AND LEA	SE								
ease Name Well No. Pool Name, Including					ng Formation Kind of Seven Rivers Que State,			f Lease No. **Example Control of the Control of th		
Etcheverry Location			Jamoire Tae							
Unit LetterG	:231	0 r	eet From TheN	orth Li	ne and16	50 Fe	et From The	East	Line	
Section 10 Township 20 South Range 36 East NMI						Lea County			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condensat			ve address to w	hich approved	copy of this j	form is to be s	ent)	
ARCO Pipe Line Company					P. O. Drawer 960, Denver City, TX 79323					
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [Address (Give address to which approved copy of P. O. Box 1589, Tulsa, C				ent)	
If well produces oil or liquids,			wp. Rge.	is gas actually connected?		When	When ?			
give location of tanks.	J		O S 36 E	Y€		N	ot Avai	lable		
If this production is commingled with the IV. COMPLETION DATA	t from any othe	r lease or poo	ol, give commingl	ing order nun	nber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ	<u> </u>	1	<u></u>	J	J	<u></u>		
Date Spaidded	Date Compl	l. Ready to Pr	od.	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		
		URING C	ASING AND	CEMENT	ING RECOR	<u> </u>	1			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							ļ			
V. TEST DATA AND REQUI	ST FOR A	LLOWAR	LE							
OIL WELL (Test must be after			load oil and must	be equal to o	r exceed top all lethod (Flow, p	lowable for thi	s depth or be	for full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Test			Producing IV	1eunoa (<i>1/10w, p</i>	wmp, gas iyi, e	nc. <i>)</i>			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF		
				<u> </u>			<u> </u>			
GAS WELL			<u>-</u>		· · · · · · · · · · · · · · · · · · ·		1 2	**************************************		
Actual Frod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	СОМРІ	IANCE		OL 00:	1055;	ATION	ביייייייייי	````	
I hereby certify that the rules and reg				1	OIL COI	12FHA	AHUN	אפואוט	אוע	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OCT 29 '92					
in and any complete to all bone of my	,	•-		Date	e Approve	u				
Farres De	lson			D.,	ODICINIA	SIGNED O	V IESSU	::YTAN		
Signature Farris Nelson President					By ORIGINAL SIGNED BY JEAN SEXTON DISTRICT I SUPERVISOR					
Printed Name			itle	Title						
10/1/92	505- 	-393-293								
Date		Leleph	one No.	H						

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.