

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator OLSEN ENERGY, INC.

Address 16414 San Pedro, Suite 470, San Antonio, Texas 78232

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fletcher "A" Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Lynch - Yates - SR</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 0897</u>
Location Unit Letter <u>D</u> : <u>380</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u> Line of Section <u>35</u> Township <u>20-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.P. Box 1558, Breckenridge, Tx. 76024</u>
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)
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>35</u> Twp. <u>20-S</u> Rge. <u>34-E</u>	Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Dick Morton (Signature)
Drilling & Production Manager (Title)
December 5, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED DEC 16 1988, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded 9-26-88	Date Compl. Ready to Prod.		Total Depth 3860			P.B.T.D. 3810		
Elevations (DF, RKB, RT, CR, etc.) 3831 RKB	Name of Producing Formation Yates		Top Oil/Gas Pay 3525			Tubing Depth 3600		
Perforations 3525, 3535, 3539, 3547, 3552, 3584, 3589, 3591, 3593, 3594, 3596, 3600, 3605						Depth Casing Shoe 3859		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8"	511' RKB	290 Prem Plus
7 7/8	4 1/2	3859'	650 Lite plus 277 50/50 poz

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 12-1-88	Date of Test 12-2-88.	Pump	
Length of Test 24 hours	Tubing Pressure 15 PSI	Casing Pressure 15 PSI	Choke Size None
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 0.5	Gas-MCF TSTM

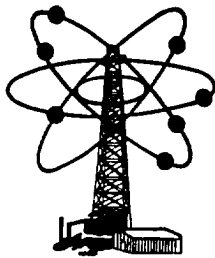
GAS WELL

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

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OLSEN ENERGY INC.

Oil & Gas Development
SAN ANTONIO, TEXAS 78232-2246

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TABULATION OF DEVIATION SURVEYS

FLETCHER "A" FEDERAL No. 1

Unit "D" Sec. 35, T-20-S, R-34-E, Lea Co., N.M.

Depth	Deviation from Vertical (Deg)
326'	$\frac{1}{4}$
515'	$\frac{1}{2}$
828'	1
1139'	$\frac{1}{2}$
1599'	$\frac{1}{4}$
2126'	1
2618'	$\frac{3}{4}$
3119'	2
3241'	$2\frac{1}{4}$
3333'	$2\frac{1}{2}$
3425'	$1\frac{3}{4}$
3860'	2

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Dick Morton
Dick Morton

Subscribed and sworn to before me this the 3rd day of November, 1988, to certify which witness my hand and seal of office.

Bonnie Johnson
Notary Public in and for the
State of Texas

My commission expires
March 14, 1990
Bonnie Johnson

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