Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II 2.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No MECO AIR XICO 30-025-30589 Address 4101 13118Ch Reason(s) for Filing (Check proper box) New Well Change in Transporter of Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate f change of operator give name nd address of previous operator I. DESCRIPTION OF WELL AND LEASE Well No. | Pool Flame, Including Formation Lease Name Kind of Lease Lease No. State, Federal or Fee / TIFFANU DRINKALD - Hill Location Unit Letter _ E Feet From The will Line and 160 Feet From The west 5 Range < 7) 26 Township __, NMPM, II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS II, or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) PRIDE PRECIAL PO Box 3237 ABILENE TX 79604 Address (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghead Gas X or Dry Gas WARREN PER P.O. SOX 1589 TUESA, OK If well produces oil or liquids, Unit Scc. Twp. Rge. Is gas actually connected? When? ive location of tanks. LE 126 1195 38E YES this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA New Well | Workover | Deepen | Plug Back | Same Res'v Oil Well Gas Well Diff Res'v Designate Type of Completion - (X) Date Spudded Total I pth Date Compl. Ready to Prod. рвтр Elevations (DF, RKB, RT, GR, etc.) Top Oil Gas Pay Name of Producing Formation Tubing Depth ³erforations Derth Casin Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 7. TEST DATA AND REQUEST FOR ALLOWABLE HL 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 Producing Method (Flow, pump, gas lat, etc.) Date of Test ength of Test Casing Presture Choke Size Tubing Pressure Actual Prod. During Test Water - Hbls. Gas- MCÉ Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D | Gravity of Condensate Length of Test Bbls. Condensate MMT I Tubing Pressure (Shut-in) Casing Fressure (Shut-in) Choke Size esting Method (pitot, back pr.) /I. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation DEC 1 1 1989 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNED BY JERRY SEXTON By. Signature (C) (1/1/1/10/10/10) DISTRICT I SUPERVISOR 11273

INSTRUCTIONS: This form is to be filed in compliance with Rule 11/34

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recomplete two do.

Title

Telephone No.

217-8151

- 3) Fill out only Sections I, It III, and VI for changes of operator, well name or number, transporter, or other each changes.
- 4) Separate Form C-104 must be filled for each twol in multiply completed wells







Job separation sheet

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

State of New Mexico Energy, Minerals and Natural Resources Department 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

Santa Fe, New Mexico 87504-2088

I					BLE AND A						
perator								Well API No. 30-025-30589			
LBO New Mexico, In			2 27		D 1			0-025-	30589		
4101 Birch Street Reason(s) for Filing (Check proper box)	Sui	te 130	J Ne	ewpor	Beach Out	, CA er (Please exp	92660				
New Well		Change in	Transpor	ter of:	4-5		·		4.		
Recompletion	Oil		Dry Gas		sh	ow go	in in	سير المساور	Cion		
Change in Operator	Casinghea	id Gas 🔀	Condens	sate 🗌		<i>y</i>					
If change of operator give name and address of previous operator		P30-310LF									
II. DESCRIPTION OF WELL A	AND LE	ASE									
Lease Name	Well No. Pool Name, Includi				ng Formation		Kind	of Lease	\ L	ease No.	
Tiffany		1	Nac	dine 1	Drinkar	d/ABO	State,	Federal or Fe	<u>ر</u> (ح		
Location		0.00		3.7	1_1_		. 0				
Unit LetterE	. : <u>'</u>	980	Feet Fro	om The $\frac{N\epsilon}{2}$	orth Line	and	0 Fe	eet From The	West	Line	
Section 26 Township	. 19s		Range	38E	, NN	ирм,	Lea			County	
III. DESIGNATION OF TRANS	SPORTE			NATU				11.2	_		
Name of Authorized Transporter of Oil or Condensate Koch For Amoso					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Brechenridge, TX 76024						
Name of Authorized Transporter of Casinghead Gas Warren Petroleum				Gas 🐷	Address (Give	e address to w	which approved	copy of this form is to be sent) sa, OK 74102			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually		When	?	74102	•	
give location of tanks.	E	26	19 <u>s</u>	38E	Yes		177	-20-89			
If this production is commingled with that find the state of the state	rom any oth	ner lease or p	pool, give	commingl	ing order numb	xer:					
		Oil Well	- G	as Well	New Well	Workover	Deepen	Pine Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		X	i		Х						
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
07-21-89 08-15-89					7700 'Top Oil/Gas F			· 	7700'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Drinkard/ABO				7016	ray			Tubing Depth 7050		
Perforations Perforations	/ Driii	LINKALO/ABO			7010			Depth Casing Shoe			
							· · · · · · · · · · · · · · · · · · ·				
					CEMENTIN			· r · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CA	SING & TU	IBING S	IZE	DEPTH SET				SACKS CEMENT		
7-7/8"	8-5/8" 5-1/2"				1575 ' 7700 '			690 1400, Stage I			
1-110					7700				1400, Stage I 740, Stage II		
								740	, scage	7 ≟	
V. TEST DATA AND REQUES OIL WELL (Test must be after re				il and muct	he equal to	exceed top of	loughle for thi	a denth or he	for full 24 hou	\	
Date First New Oil Run To Tank	Date of Te	st	o, 1000 o		· · · · · · · · · · · · · · · · · · ·		oump, gas lift, o		JOI JAIN 24 100A		
08-14-89	08-1	5-89			Fl	owing.		·			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
24 Hours	350 - 400				500			32/64 Gag- MCF			
Actual Prod. During Test 300 BBCS	Oil - Bbls. 300Bbls				Water - Bbls. 125			1500MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
	Tubina Da	(CL	1		0 - 5	· · · · · · · · · · · · · · · · · · ·		0 1 6			
Testing Method (pitot, back pr.)	lubing Pro	essure (Shut	-in)		Casing Pressu	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE	_				D. 0. 0. 0. 0. 0		
I hereby certify that the rules and regula					(OIL CO	NSERV.	AHON	DIVISIO	N	
Division have been complied with and the is true and complete to the best of my kn			en above		Doto	Annrow	ed	MOV	9 17 101)n	
1/100					₩) \	
_////	7				By A	DOIGHALAI	SIGNED BY	LERRY SI	EXTOP		
Signature Raymond A. Diaz	\mathbf{P}	reside	ent.		5,4	DIS	TRICT I SU	bekais os			
Printed Name		~~~	Title		Title.	-					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

11-21-89

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

61-8181

- 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.