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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.   |   | TO TRAI           | NSP                | ORT OI           | L AND NA   | ATURAL C        | BAS            |  |                |  |  |
|--|---|-------------------|--------------------|------------------|--|-----------------|----------------|--|----------------|--|--|
| Operator Stovens & Tull Iv   | Stevens & Tull, Inc.                      |                   |                    |                  |  |                 |                | API No.                                | 710            |  |  |
| Address .  | 10.                                       |                   |                    |                  |  | * *             |                | 30-02531                               | /18            |  |  |
| P.O. Box 11005, N  | 1idland,                                  | Texas             | 797                | 702              |  |                 |                |  |                |  |  |
| Reason(s) for Filing (Check proper box) New Well   |   | Change in 7       | Г                  |                  | O  | her (Please exp | olain)         |  |                |  |  |
| Recompletion   | Oil                                       |                   | i ranspo<br>Dry Ga |                  |  |                 |                |  |                |  |  |
| Change in Operator   | Casinghea                                 |                   | Conden             |                  |  |                 |                |  |                |  |  |
| If change of operator give name and address of previous operator   |   |                   |                    |                  |  |                 |                |  | ***            | ······································ |  |
|  | ANDIE                                     | . 00              |                    |                  |  | ·               | <del></del>    |  |                | <del></del>                            |  |
| II. DESCRIPTION OF WELL Lease Name   | AND LEA                                   |                   | Bool No            | me Includ        | ina Formation  | ·               |                | . 67                                   | <u> </u>       |  |  |
| Federal "9"  | Well No.   Pool Name, Include   West Tea: |                   |                    |                  |  |                 |                | Kind of Lease<br>State, Federal or Fee |                | Lease No.<br>NM57280                   |  |
| Location   |   |                   |                    |                  | , , , , , , , ,  |                 |                |  | 1100           | 37200                                  |  |
| Unit LetterB   | : <u>9</u>                                | 90 <u> </u>       | Feet Fro           | om The <u>NC</u> | orth Li  | ne and 2110     | F              | ect From The                           | East           | Line                                   |  |
| Section 9 Towns  | ip 20-                                    | S I               | Range              | 33-E             |  | МРМ,            | ··-            | Lea                                    |                | County                                 |  |
| III. DESIGNATION OF TRAI   | NSPORTE                                   | R OF OII          | A NIT              | NATTI            | DAI CAC  |                 |                |  |                |  |  |
| Name of Authorized Transporter of Oil  | TOTAL TE                                  | or Condensa       |                    | C                | Address (Gi  | ve address to n | hich approved  | copy of this f                         | orm is to he s | ent)                                   |  |
| Petro Source Partners, Ltd.  |   |                   |                    |                  | Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, Tx 77042 |                 |                |  |                |  |  |
| Name of Authorized Transporter of Casinghead Gas   |   |                   |                    |                  | Address (Give address to which approved copy of this form is to be sent)   |                 |                |  |                |  |  |
| Saber Gas. Inc.  |   |                   |                    |                  | P.O. Box 4122, Midland, Texas 79704  |                 |                |  |                |  |  |
| If well produces oil or liquids, give location of tanks.   |   |                   |                    |                  | Is gas actually connected? When  |                 |                | ?                                      |                |  |  |
| f this production is commingled with that  | fmm any orbi                              |                   | 22S                | 1 33E            | <u>Yes</u>   | h               |                | 10/26/                                 | 92             | ····                                   |  |
| V. COMPLETION DATA   |   |                   | _,                 |                  |  |                 |                |  |                |  |  |
| Designate Type of Completion   | - (X)                                     | Oil Well          | G                  | as 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                      |                |  |  |
|  | 771                                       | IDNIC C           | A CINI             | CAND             | OE) (E) ITT  | NO DECOR        |                | <u> </u>                               |                |  |  |
| HOLE SIZE  | TUBING, CASING AND CASING & TUBING SIZE   |                   |                    |                  | DEPTH SET  |                 |                | T                                      | SACKO OFMENT   |  |  |
|  | CASING & TOBING SIZE                      |                   |                    | 2.6              | DEFINSE  |                 |                | SACKS CEMENT                           |                |  |  |
|  |   |                   |                    |                  |  |                 |                |  |                |  |  |
| 7,2  |   |                   |                    |                  |  |                 |                |  |                |  |  |
| . TEST DATA AND REQUES   | ET FOR A                                  | LIOUZAN           | 11 10              |                  |  |                 |                |  |                |  |  |
|  |   |                   |                    | l and must i     | he equal to or   | exceed top all  | owahla for thi | andamela an La C                       | 6.11 24 h      | 1                                      |  |
| OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test                         |   |                   |                    |                  | Producing Method (Flow, pump, gas lift, etc.)  |                 |                |  |                |  |  |
| 1 (7)  |   |                   |                    |                  |  |                 |                |  |                |  |  |
| ength of Test  | Tubing Pressure                           |                   |                    |                  | Casing Pressure  |                 |                | Choke Size                             | Choke Size     |  |  |
| Actual Prod. During Test   | Oil - Bbls.                               |                   |                    |                  | Water - Bbls.  |                 |                | Gas- MCF                               |                |  |  |
| GAS WELL   | **  |                   |                    | <u>l</u>         | ······································   |                 |                | <del></del>                            |                |  |  |
| Actual Prod. Test - MCF/D  | Length of Test                            |                   |                    |                  | Bbls. Condensate/MMCF  |                 |                | Gravity of Condensate                  |                |  |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                 |                   |                    |                  | Casing Pressure (Shut-in)  |                 |                | Choke Size                             |                |  |  |
| T ODED ATOD CODTES   | ATTE OF                                   | 201 (2)           |                    |                  | [  |                 |                |  |                |  |  |
| I. OPERATOR CERTIFIC   |   |                   |                    | JE               |  | DIL CON         | ISERVA         | TION F                                 | NVISIO         | N                                      |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above |   |                   |                    |                  | OIL CONSERVATION DIVISION DEC 0 3 '92  |                 |                |  |                |  |  |
| is true and complete to the best of my k   | nowledge and                              | belief.           |                    |                  | Date   | Approve         | d              | DEC                                    | 0 9 '92        |  |  |
| mucha OHI  | 11/200                                    | un                |                    | ĺ                | _  |                 |                |  |                |  |  |
| Signature Signature  |   |                   |                    |                  | By ORIGINAL SIGNED BY JERRY SEXTOM   |                 |                |  |                |  |  |
| Michael G. Mooney Printed Name   | F   | ngineer           | r<br>Lle           |                  |  |                 | TRICT I SU     | PEX VISOR                              |                |  |  |
| 11/25/92   | 915                                       | 5-699 <b>-</b> 12 | 410                |                  | Title.   |                 |                | <del></del>                            |                |  |  |
| Date   |   | Telepho           | ma No              |                  | l  |                 |                |  |                |  |  |

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.