STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
SANTA FE				
FILE		Π		
U.S.O.4.				
LAND OFFICE			_	
TRANSPORTER	OIL			
	g As			
OPERATOR				
PRORATION OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

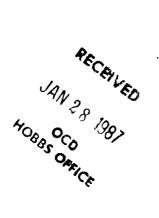
Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
Coperator Zia Energy, Inc.	
Address	
P.O. Box 2219, Hobbs, NM 88240	'
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	ry Gas
	ondensate
If change of ownership give name DESIGNATED BELOW. IF YOU DO NO	
and address of previous owner NOTIFY THIS OFFICE.	7, 4411441
II. DESCRIPTION OF WELL AND LEASE	rute SE Dre
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including F.	Semation R-845/ Kind of Lease Lease No.
L.D. Jones 1 U ndesignated	Yates 6/1/87 State, Federal or Fee Fee
Unit Letter H : 2310 Feet From The North Lin	e and 330 Feet From The East
Line of Section 1 Township 20S Range	38E , NMPM, Lea County
HI DESIGNATION OF TO ANCHORUTE OF OU AND MATTINAL	646
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil (2) or Condensate (Address (Give address to which approved copy of this form is to be sent)
Navajo Refining	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX
If well produces oil or liquids, and the liquids of tanks. Unit Sec. Twp. Rgs. H 1 20S 38E	Is gas actually connected? When YeS
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.	14
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	FEB 2 7 1987
been complied with and that the information given is true and complete to the best of	, 19
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON
	TITLEDISTRICT I SUPERVISOR
	This form is to be filled in semaliness with any
my Helson	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened
(Signature) Engineer	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Title) 1/28/87	All sections of this form must be filled out completely for allowable on new and recompleted wells.
1/20/07 (Date)	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.

		Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	. Diff. Res'v	
Designate Type of Comple	tion — (X)	XX	į	į		XX	1	XX	
Date Spudded	Date Compl. Re	ady to Prod.	Total Dept	th		P.B.T.D.		•	
	12/24/86			7531'			3174		
Elevations (DF, RKB, RT, GR, etc.	Name of Produc	ing Formation	Top Oil/G	Top Oil/Gas Pay			Tubing Depth		
3592 ' GL	Y	ates ·		3000			3100'		
Perforations 3000 - 316	201					Depth Castr	ng Shoe'		
	TU	BING, CASING, AI	O CEMENT	ING RECORD					
HOLE SIZE	CASING &	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
									
						 			
v. TEST DATA AND REQUES	T FOR ALLOWA	BLE (Test must be	after recovery	of total volume full 24 hours;	of load oil	and must be e	qual to or exc	seed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, pump, gas lift, etc.)					
2-1			•					•	
Length of Test	Tubing Pressure		Casing Pre	****		Choke Size	 		
Actual Prod. During Test	Oil-Bbis.		Water - Bbie.			Gae - MCF			
GAS WELL									
Actual Prod. Teet-MCF/D		Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
15 MCF/D	24	hrs	00						
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pre	seure (Shut-1	.a)	Choke Size			
Deale Deservine	1		1	1200					



IV. COMPLETION DATA