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

State of New Mexico Eurgy, 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L. Operator		TO TRA	<u>NSPOR</u>	<u>T 01</u>	L AND NA	TURAL G					
Headington Oil (Well API No. 30-025-09007									
Address 7557 Pambler Por	ad Cuit	to 1150	Da 11		T 7	5221	. <u>-</u>				
7557 Rambler Roa Reason(s) for Filing (Check proper box)	ad, Sult	Le 1130	, Dalla	ıs,		5231 et (Please expl	lzin)				
New Well			Transporter o	of:	_	•	•				
Recompletion	Oil Casinghea	_	Dry Gas Condensate		Eff	ective 4	-1-90				
If change of operator give name and address of previous operator Ory	yx Energ	gy Comp	any, P.	0.	Box 186	l, Midla	nd, Tex	as 7970	2	 	
II. DESCRIPTION OF WELL											
Lease Name Well No. Pool Name, Includ					ing Formation			ind of Lease No.			
Peerless Et al Com. 1 Jalmat T								Fee Fee		'ee	
Location Unit Letter C	_ : 660)			(Pro-Gas	•	20				
Omit Letter	_ :000)	Feet From T	he	North Lin	e and19	30 F	eet From The _	West	Line	
Section 22 Townshi	i p 22-9	3	Range 36	5-E	, NI	мрм, Le	a			County	
III. DESIGNATION OF TRAN	SPORTE			ATU							
Name of Authorized Transporter of Oil None		or Condens	ate	1	Address (Giv	e address to w	hick approve	l copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casinghead 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, Texas 79999						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y connected?	Wher	1 ?			
If this production is commingled with that	from any other	er lease or p	ool, give con	nming	ling order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas W	Vell	New Well	Workover	Danner	Plug Back	Same Barba	bier n i.	
Designate Type of Completion		<u>i</u>	_i	V 611	New Well	WOIXOVEI	Deepen	i Ling Pater i	Same Kes v	Diff Res'v	
ate 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 Depti	Tubing Depth		
Perforations					L		·	Depth Casing Shoe			
					<u>. </u>						
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				AND	CEMENTI		<u>D</u>	1	0.000 054547		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	-		 								
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u>. </u>						
OIL WELL (Test must be after no Date First New Oil Run To Tank			load oil and	d must					er full 24 hour	5.)	
Date First New Oil Ruli 10 120K	Date of Test	l			Producing Me	thod (Fiow, pu	emp, gas iyi, e	uc.)			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
<u> </u>											
GAS WELL								-	1		
Actual Prod. Test - MCF/D	Length of T	esi			Bbls. Condens	ate/MMCF		Gravity of Co	adensate		
Testing Method (puot, back pr.)	thod (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
UT OPEN A TON COLO	<u> </u>										
VI. OPERATOR CERTIFIC					∥ c	II CON	SERV	ATION F	NIVISIO	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 MAY 2 4 1990						
is true and complete to the best of my k	growledge and	belief.			Date	Approved	: :	14141	W X 10'	· ~	
Mula		Make	I 6 44			1					
Signature Vice President					By <u>Orig. Signed by</u> Paul Kautz						
Printed Name					U + 40 (Λ cm 4						
3/30/90	0 21	14/69	6060	6	Title_						
Date /		/ Teleph	one No.		11						

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.