

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Zia Energy, Inc.</b>	
Address <b>P.O. Box 2219, Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Recomplete as a Jalmat Gas Well	

Change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Well Name <b>Cities Federal</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Jalmat Yates Seven Rivers</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal or <input checked="" type="checkbox"/> <b>XX</b>	Lease No. <b>LC-030132(b)</b>
Location Unit Letter <b>F</b> ; <b>1650</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>West</b> Line of Section <b>20</b> Township <b>22 South</b> Range <b>36 East</b> , NMPM, <b>Lea</b> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Navajo Refining Company</b>	<b>P.O. Box 159, Artesia, NM 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texaco Producing Company</b>	<b>P.O. Box 3000, Tulsa, OK 74102</b>
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>C</b> Sec. <b>20</b> Twp. <b>22S</b> Rge. <b>36E</b>	<b>Yes</b> <b>Not Available</b>

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.

II. 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.

*M. E. Nelson*  
(Signature)  
Engineer  
(Title)  
11/4/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 25 1985, 19  
BY Eddie W. Seay  
Oil & Gas Inspector  
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	Pig Back	Same Res'v.	Diff. Res'v.
			X		X				X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11/4/78	11/29/78		4040'		3522'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3550' GR	Yates		3294'		3440'				
Perforations					Depth Casing Shoe				
3294' - 3434'					4040'				

#### YUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
247 MCF	24 hours	None	None
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	215 psi	225 psi	None

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