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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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	tor								Well API No.			
Mirage Energy, Inc.												
Address	Can Ca		. т	no D	O Por 7	55 Uahh	a NM	002/.1				
c/o Oil Reports &	Gas se	rvices	5, 1	. IIC., F.				8824 1				
Reason(s) for Filing (Check proper box)		~	· · · · · · ·	_		er (Piease expi	aur)					
New Well	•	Change in	1	sporter of:		Εf	f. 11/	/92				
Recompletion	Oil	_	Dry									
Change in Operator X Casinghead Gas Condensate												
If change of operator give name and address of previous operator Me-Tex Supply Co., P. O. Box 2070, Hobbs, NM 88241												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name	Well No.	Pool	Name, Includ	ng Formation			Kind of Lease		Lease No.			
Duncan Federal	1	Sa	ndhills	GB-SA			State: Federal OF For		9015			
Location	v -											
Unit LetterD	. 3	30	Feet	From The NO	orth tim	e and9	90 F	eet From The	West	Line		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					•					
Section 4 Townshi	p 21S		Rans	ze 38E	, NI	MPM,			Lea	County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil XX or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Navajo Refining Co.					Box 159. Artesia. NM 88210							
Name of Authorized Transporter of Casinghead Gas or Dry					Address (Give address to which approved copy of				orm is to be se	ent)		
	•	- 										
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?			When?				
give location of tanks.	i D i	4	21		No			,				
If this production is commingled with that	from any other	er lease or	pool,		ing order numl	ber:						
IV. COMPLETION DATA	•				•							
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i		i	i	i	i	İ			
Date Spudded	Date Comp	i. 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				
					1							
Perforations								Depth Casin	g Shoe			
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLI	E								
OIL WELL (Test must be after re	ecovery of tol	al volume	of load	d oil and must	be equal to or	exceed top allo	nwable for the	s depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	thod (Flow, pu	mp, gas lift,	rtc.)				
Length of Test	Tubing Pressure			Casing Pressure Water - Bbls.			Choke Size					
								_				
Actual Prod. During Test	L During Test Oil - Bbls.						Gas- MCF					
GAS WELL												
Actual Prod. Test - MCF/D	II comb of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Andrew For - MC145	Length of Test				BOIL CORCUMENTATION			City of Colonia				
Testing Method (nitet heat)	ethod (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Chake Size	Choke Size			
result results (pros, out pr.)				(CHORE SIZE					
					l			<u> </u>				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE	~	JII CON	SERV	ΔΤΙΩΝΙ Ι	חועופור	M		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					11			NOV 0	92			
is doc aim complete to the test of my a	Date	Approved	d									
10. 11.11						,						
Alburch I des					∥ By_	By Peul Kauts						
Signature Donna Holler Agent					Geologist							
Donna Holler Agent Printed Name Title					TALE		Stones W.	₹.				
Printed Name 11/4/92.		505-3		2727	Title.		<u></u>			<u></u>		
Date		Tele	phone	No.	11 .							
					5 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.

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