

District I  
 PO Box 1920, Hobbs, NM 88241-1920  
 District II  
 PO Drawer DD, Artesia, NM 82211-0719  
 District III  
 1066 El Camino Rd., Amar, NM 87416  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Dept. of Energy & Natural Resources Department

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

OIL CONSERVATION DIVISION  
 PO Box 2088  
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Agher Enterprises LTD, Co. P.O. Box 423 Artesia NM 88210		OGRID Number <del>001163</del> 149538
API Number 30-025-28096	Pool Name Boothby Ridge Marrow, Esd	Reason for Filing Code Ch 9/1/94
Property Code <del>001770</del> 17916	Property Name Federal 15 B Com	Well Number 72660 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
C	15	22s	33e		660	N	1980	E	Log

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				
F	F								

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	ORC	POD ULSTR Location and Description
22507	Texaco Trading Midland TX	0490610	D	C-15-22-33
13382	Lham, Inc Hobbs NM	0490630	G	C-15-22-33
32109	Hudson Gas Gather	0490630	G	

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TU	FBID	Perforations	
Well Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *[Signature]*  
 Printed name: Kevin Jones  
 Title: Partner  
 Date: 9-7-95  
 Phone: 257-164120

OIL CONSERVATION DIVISION  
 ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 Approved by: *[Signature]*  
 Title: *[Signature]*  
 Approval Date: FEB 02 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature: *[Signature]* 149538  
 Initial Name: Kevin Jones  
 Title: Partner  
 Date: 9-7-95

Submit: 5 Copies  
 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**

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

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**

I.

Operator <b>Asher Oil Company</b>	Well API No. <b>5-289</b>
Address <b>P.O. Box 423 Artesia NM 88210</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator **TEXACO Producing Inc. P.O. Box 728 Hobbs NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Fed 15 Com B</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Boatleg Ridge Morrow East</b>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. <b>NM-17440</b>
Location				
Unit Letter <b>C</b>	<b>660</b>	Feet From The <b>North</b> Line and <b>1980</b>	Feet From The <b>West</b> Line	
Section <b>15</b>	Township <b>22S</b>	Range <b>33E</b>	NMPM, <b>Leq</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Texaco Trading &amp; Transportation Co</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1142, Midland TX 79702</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Lhano Inc</b>	Address (Give address to which approved copy of this form is to be sent) <b>921 W. Janger Hobbs NM 88240</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>15</b>	Twp. <b>22S</b>	Rge. <b>33E</b>
			Is gas actually connected? <b>YES</b>	When? <b>2-8-84</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (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 Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

**Kevin Jones**  
 Signature  
**Kevin Jones**  
 Printed Name  
**5-289**  
 Date  
**Partner**  
 Title  
**505-746-6100**  
 Telephone No.

OIL CONSERVATION DIVISION

**MAY 9 1989**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
 DISTRICT I SUPERVISOR

Title \_\_\_\_\_

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.