

District I
PO Box 1928, Hobbs, NM 88241-1928
District II
PO Drawer DD, Artesia, NM 82211-0719
District III
1006 El Brans Rd., Amar, NM 87416
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Geology, Minerals & Natural Resources Department

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

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

☐ 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 001163 149538
API Number 30-025-28096	Pool Name Boothby Ridge Marrow, Esch	Reason for Filing Code Ch 9/1/94
Property Code 001590 17916	Property Name Federal 15 B Com	Well Number 72660 1

II. Surface Location

UL or lot no. C	Section 15	Township 22s	Range 33e	Lot Idn	Feet from the 660	North/South Line N	Feet from the 1980	East/West Line E	County Lea
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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
Lee Code F	Producing Method Code F	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

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

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TU	FBID	Perforations
Hole 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: 9-1-95 Phone: 257-164020

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

Previous Operator Signature: *[Signature]*
149538

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Approved by:

Title:

Approval Date:

FEB 02 1995

Printed Name

Title

Date

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Asher Oil Company</u>		Well API No. <u>5-289</u>
Address <u>P.O. Box 423 Artesia NM 88210</u>		
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 <u>Fed 15 Com B</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Boothleg Ridge Morrow East</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-17440</u>
Location				
Unit Letter <u>C</u>	<u>660</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>West</u> Line	
Section <u>15</u>	Township <u>22S</u>	Range <u>33E</u>	NMPM, <u>Lea</u>	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"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1142, Midland TX 79702</u>					
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) <u>921 W. Janger Hobbs NM 88240</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>15</u>	Twp. <u>22S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>YES</u>	When? <u>2-8-84</u>

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			
TUBING, CASING AND CEMENTING RECORD								
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.