

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATION		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **Zia Energy, Inc.**

Address **P.O. Box 2219, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Reclassification, from Jalmat Gas to Jalmat Oil Well
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities Federal	Well No. 2	Pool Name, including Formation - Oil Jalmat Yates Seven Rivers	Kind of Lease Oil Federal or Gas	Lease No. LC-030132(b)
Location Unit Letter M : 660 Feet From The West Line and 660 Feet From The South Line of Section 20 Township 22 South Range 36 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

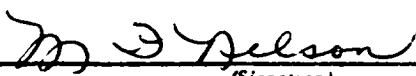
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input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

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.

VI. 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.


(Signature)
Engineer
(Title)
11/4/85
(Date)

OIL CONSERVATION DIVISION
NOV 5 - 1985
APPROVED _____, 19_____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT SUPERVISOR**

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Spudded 11/11/83	Date Compl. Ready to Prod. 12/3/83		Total Depth 3881'		P.B.T.D. 3430'				
Elevations (DF, RKB, RT, GR, etc.) 3551' RKB	Name of Producing Formation Yates Seven Rivers		Top Oil/Gas Pay 3300'		Tubing Depth 3350'				
Perforations 3300' - 3363' (12 holes)						Depth Casing Shoe			

TUBING, 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 8/10/85	Date of Test 9/25/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25 PSI	Casing Pressure To PSI	Choke Size -----
Actual Prod. During Test 71.3	Oil - bbls. 6.3	Water - Bbls. 65	Gas - MCF 125

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

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 NOV 4 - 1985
 O.C.D.
 HOBBS OFFICE