

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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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**TEMPO ENERGY, INC.**

Address  
**P.O. BOX 5509 HOBBS, NEW MEXICO 88241-5509**

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<p>CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>7-1-86</u> UNLESS AN EXCEPTION TO RULE IS OBTAINED.</p>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: \_\_\_\_\_

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SAN SIMON STATE #</b>	Well No. <b>3</b>	Pool Name, including Formation <b>SAN SIMON YATES (UNDERSTON)</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>LG#4234</b>
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Location

Unit Letter **"L"** : **1650** Feet From The **South** Line and **330** Feet From The **West**

Line of Section **4** Township **22-S** Range **35-E** , 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"/> <b>PHILLIPS PETROLEUM CO., TRUCKS</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

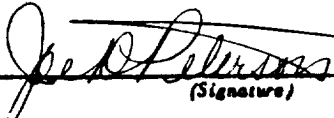
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>4</b>	Twp. <b>22-S</b>	Rge. <b>35-E</b>	Is gas actually connected? <b>NO</b>	When
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If this production is commingled with that from any other lease or pool, give commingling 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)

**CONSULTING AGENT**  
(Title)

**5-19-86**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 26 1986**, 19 \_\_\_\_\_

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

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-25-86	Date Compl. Ready to Prod. 4-21-86	Total Depth 4191		P.B.T.D. 4190					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation Yates	Top Oil/Gas Pay 3960		Tubing Depth 4160					
Perforations 3960-4166						Depth Casing Shoe 4191			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8 32#		370		199				
7 7/8"	5 1/2 17#		4191		920				

#### 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 4-21-86	Date of Test 4-23-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 10 day	Tubing Pressure 15	Casing Pressure 15	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 70 7	Water - Bbls. 10 1	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