

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 9-2-86
 UNLESS AN EXCEPTION TO R-4070
 IS OBTAINED.

If change of ownership given 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 San Simon State	Well No. 4	Pool Name, including Formation San Simon (Yates)	Kind of Lease State, Federal or Fee State	Lease No. LG-422
Location Unit Letter <u>N</u> : <u>990 990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>North West</u> Line of Section <u>4</u> Township <u>22 S</u> Range <u>35-E.</u> , NMPM, <u>Lea</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company/Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Pen Brook, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Gas Company	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 <u>N</u> Sec. <u>4</u> Twp. <u>22-S</u> Rge. <u>35-E</u>	Is gas actually connected? <u>NO</u> When <u>1-2 Wks. (Temporary Line)</u>

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]
(Signature)
[Signature]
(Title)
7-18-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 23 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all- able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi
Separate Forms C-104 must be filed for each pool in multi- completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)			
Oil Well	Gas Well	New Well	Workover
X			

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-6-86	6-16-86	4231	4078
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Yates Sand	3861-	4060

Perforations	3861-3936 64 holes	3961-4004 30 holes	4033-4055	Depth Casing Shoe
				4199

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 28#	3481	190
7 7/8	5 1/2 17-15 1/2 #	4132	970
	2 7/8" 6.5 #	4060	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	9 hrs.	Tubing Pressure	Casing Pressure	Choke Size	Open	Gas-MCF	No test
7-2-86	7-16-86	Flow & Swab	0-100	650						
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.								
122 BTE	85	37								

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Test Method (Pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size