

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
TEMPO ENERGY, INC./PETERSON PETROLEUM COMPANY

Address
P.O. BOX 5509 HOBBS, N.M. 88241-5509

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <i>show gas connection date</i>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

☐ Dry Gas
☐ Condensate

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name SAN SIMON STATE	Well No. 5	Pool Name, including Formation SAN SIMON YATES	Kind of Lease State, Federal or Fee STATE	Lease No. LG-4234
Location				
Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>4</u> Township <u>22-South</u> Range <u>35-East</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Phillips Pet Co. Trucks</i>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050 Bartlesville, OK 74004		
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>4</u>	Twp. <u>22-S</u>
		Rge. <u>35-E</u>	Is gas actually connected? <u>Yes</u>
			When <u>3-5-87</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

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)
CONSULANT/AGENT
(Title)
4-3-87
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 8 1987, 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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-13-86	Date Compl. Ready to Prod. 11-8-86		Total Depth 4110'			P.B.T.D. 4107'			
Elevations (DF, RKB, RT, GR, etc.) 3614'	Name of Producing Formation Yates Sand		Top Oil/Gas Pay 3846'			Tubing Depth 4100'			
Perforations 3846'-4026'						Depth Casing Shoe 4107'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 $\frac{1}{2}$	8 5/8"	332'	190
7 7/8	5 $\frac{1}{2}$ "	4110'	1150
	2 7/8"	4100'	

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 10-24-86	Date of Test 3-5-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 1.2	Choke Size N/A
Actual Prod. During Test 20	Oil - Bbls. 20	Water - Bbls. -0-	Gas - MCF 37

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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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEMPO ENERGY, INC.	
Address P.O. BOX 5509 Hobbs, N.M. 88241-5509	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

**CASINGHEAD GAS MUST BE SEPARATED
FLARED AFTER 1-1-87
UNLESS AN EXCEPTION TO R-470
IS OBTAINED.**

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 SAN SIMON STATE	Well No. 5	Pool Name, including Formation Undesignated San Simon (Yates)	Kind of Lease State, Federal or Fee	Lease No. LG-4234
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>22-S</u> Range <u>35-E</u> , 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"/> Phillips Petroleum Co./Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Pen Brook, Odessa, Tx 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4
	Twp. 22-S	Rge. 35-E
	Is gas actually connected? NO	
	When 21-30 days	

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.

James D. Peterson
(Signature)
CONSULTING AGENT
(Title)
11-14-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 17 1986, 19
BY ORIGINAL SIGNED BY JERRY SEITON
DISTRICT 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.

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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded 9-13-86	Date Compl. Ready to Prod. 11-8-86			Total Depth 4110			P.B.T.D. 4107		
Elevations (DF, RKB, RT, GR, etc.) 36 - 37	Name of Producing Formation Gulf			Top Oil/Gas Pay			Tubing Depth 4110		
Perforations 3846-48, 3858-68, 3877-82, 3894-97 3905-10, 3917-23, 3926-33				3954-59, 3967-69, 3978 3990-95, 4020-26, 2 shots per ft.			Depth Casing Shoe 4107		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	332' 8 5/8"	332'	190
7 7/8"	4110' 5 1/2"	4110"	1150
	2 7/8"	4107	-----

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 10-24-86	Date of Test 11-9-86	Producing Method (Flow, pump, gas lift, etc.) PUMP		
Length of Test 24 hrs.	Tubing Pressure 25#	Casing Pressure 25#	Choke Size -----	
Actual Prod. During Test 57	Oil-Bbls. 52	Water-Bbls. 5	Gas-MCF Waiting for test	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity 61 Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size