

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATION		
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./ ~~Peterson Petroleum Company~~

Address
P.O. Box 5509 Hobbs, N.M. 88241-5509

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<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

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-1-87
UNLESS AN EXCEPTION TO R-4070
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. 6 Pool Name, including Formation Undersigned (Yates) Kind of Lease State, Federal or Fee State Lease No. LG-4234

Location
Unit Letter H ; 2310 Feet From The North Line and 990 Feet From The East
Line of Section 4 Township 22-S Range 35-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

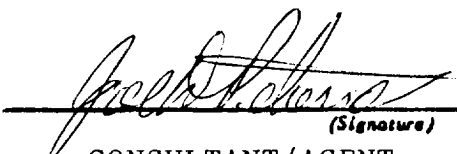
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company (Trucks)	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Natural 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 Sec. Twp. Rge. Is gas actually connected? When
	H 4 22-S 35-E

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)
CONSULTANT/AGENT
(Title)
AUGUST 4, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED 10/1/87, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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, 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 1-29-87	Date Compl. Ready to Prod. 7-13-87		Total Depth 4103'		P.B.T.D. 4100				
Elevations (DF, RKB, RT, GR, etc.) KB 3615	Name of Producing Formation Yates		Top Oil/Gas Pay 3892'		Tubing Depth 3989				
Perforations 3892-3964 4020-4068						Depth Casing Shoe 4103			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2"	9 5/8" 40#		352'		100sx Class C				
7 7/8"	5 1/2" 17#		4103'		1000sx Filler & 200s Class C w/2% Cacl.				

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 7-10-87	Date of Test 7-13-87	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hrs.	Tubing Pressure 100#	Casing Pressure 15#	Choke Size N/A
Actual Prod. During Test 88	Oil - Bbls. 8	Water - Bbls. 80	Gas - MCF 25

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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