Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Departme.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Diane will have postage corrected Bond CK 11993

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Capataz Operating, Inc.	30-025-31006

Address: P.O. Box 2083, Midland, Texas 79702

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Other (Please explain) [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Effective Nov. 1, 1992

If change of operator give name and address of previous operator: Alcy Exploration Inc. — 3, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
House	1	House, Drinkard	Fee	

Location: Unit Letter D : 330 Feet From The N Line and 330 Feet From The W Line

Section 13 Township 20S Range 38E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Petro Source Partners, LTD	9801 Westheimer, Ste.900, Houston, TX 77042
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gas Co.	201 Main St., Fort Worth, TX 76102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	D	13	20S	38E	Yes	1-91

If this production is commingled with that from any other lease or pool, give commingling order number: DCH 005

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff Resv.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-13-90	12-30-90	7760	7697

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3561 GL	Drinkard	6927	6859

Perforations: Depth Casing Shoe: 7750

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-¼"	8-5/8"	1700'	900 sx Cl C
4-½"	7-7/8"	7750'	800 sx Cl C

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.)

OIL WELL

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature: W. Scott Davis — President (Title)

Printed Name: 1/1/93 — 915-682-7664 (Telephone No.)

Date

OIL CONSERVATION DIVISION

Date Approved: JAN 20 1993

By: Orig. Signed by. Paul Kautz Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.