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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate Indiadress of previous operator Casinghead Gas Condensate Indiadress of previous operator Casinghead Gas Condensate Indiadress of previous operator	
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate I change of operator give name and address of previous operator	
New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate I change of operator give name and address of previous operator	
If change of operator give name and address of previous operator	
100	
Lease NameWell No.Pool Name, Including FormationKind of LeaseLeaseEast Livingston Ridge Unit1East Livingston Ridge, Del.State, Federal or FeeNM-32	
Location A 660 North 990 Feet From The Line and 990 Feet From The East	Line
Section 18 Township 22-South Range 32-East NMPM, Lea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil EOTT Energy Corp. or Condensate P.O. Box 1188, Houston, Texas 77252	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	
Llano Free 921 Sanger, Hobbs, New Mexico 88240 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?	
give location of tanks. A 18 22S 32E Yes 01/15/93	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v D	iff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 09/29/92 11/26/92 8780' 8250'	
09/29/92 11/26/92 8780' 8250' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
3712.1 GR Delaware 6762' 8496'	
6762'-6771' 2JHPF 18 holes 8780'	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN	T
17" 13-3/8" 862' 900 sx-Circ 350	
11" 8-5/8" 4494' 1750 sx-Circ 400 7-7/8" 5-1/2" 8780' 1540 sx-TOC @ 48	
	50
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)	1
Date First New Oil Run To Tank 01/15/93 Date of Test 01/18/93 Producing Method (Flow, pump, gas lift, etc.) Pumping	<u></u>
Length of Test Tubing Pressure Casing Pressure 24 hours 25 30	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF 224 69 59	
GAS WELL	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION	٧
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JAN 25 1993	· · · · · · · · · · · · · · · · · · ·
Mint Land har	
Signature Barrett L. Smith Sr. Oper. Engineer Geologist	
Printed Name January 20, 1993 (915)682-6822 Date Title 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.

RECEIVED

JAN 2 5 1993