

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT	
Operator name and Address ZACHARY OIL OPERATING COMPANY PO BOX 1969 EUNICE, NEW MEXICO 88231-1969	
OGRID Number 025593	
Reason for Filing Code CG Effective 07/01/98	
API Number 30 - 0 25-04626	Pool Name EUMONT YATES 7 RVRS QN(PRO GAS)
Property Code 013016	Property Name MARSHALL
Pool Code 76480	
Well Number 001	

II. 10 Surface Location									
UL or lot no. I	Section 13	Township 21S	Range 36E	Lot Idn	Feet from the 1980	North/South Line SOUTH	Feet from the 330	East/West line EAST	County LEA

11 Bottom Hole Location									
UL or lot no. I	Section 13	Township 21S	Range 36E	Lot Idn	Feet from the 1980	North/South line SOUTH	Feet from the 330	East/West line EAST	County LEA
12 Lse Code P	13 Producing Method Code F	14 Gas Connection Date 02/28/55		15 C-129 Permit Number		16 C-129 Effective Date		17 C-129 Expiration Date	

III. Oil and Gas Transporters				
18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
024650	DYNEGY MIDSTREAM SERVICES, LIMITED PARTNERSHIP 6 DESTRA DRIVE, STE 3300 MIDLAND, TX 79705	2801830	G	

IV. Produced Water	
23 POD 2801850	24 POD ULSTR Location and Description NONE

V. Well Completion Data					
25 Spud Date	26 Ready Date	27 TD	28 PBSD	29 Perforations	30 DHC, DC, MC
31 Hole Size		32 Casing & Tubing Size		33 Depth Set	

VI. Well Test Data					
34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure
40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

46 I hereby certify that the rules 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:

Printed name: RAY A. PIERCE

Title: PROD. SUPT.

Date: 09/08/98

Phone: 505-394-2150

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY
GARY WINK

Title:

FIELD REP. II

Approval Date:

SEP 15 1998

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

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 Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator ZACHARY OIL OPERATING COMPANY		Well API No.
Address P. O. BOX 1969, EUNICE, NEW MEXICO 88231		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARSHALL	Well No. 1	Pool Name, Including Formation EUMONT	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter I : 330 Feet From The East Line and 1980 Feet From The South Line Section 13 Township 21S Range 36E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO PRODUCING, INC.	BOX 3000, TULSA, OKLAHOMA 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	2-1-90

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	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

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 (pilot, 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 Raya A. Pierce
Printed Name RAY A. PIERCE Title PROD. SUPT.
Date 3-12-90 Telephone No. 394-2150

OIL CONSERVATION DIVISION

Date Approved MAR 23 1990

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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
MAR 18 1990
OCD
MOBBS OFFICE