Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 83240

State of New Mexico

Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		10 THAN	ISPUI	HI OIL	AND NA	FURAL GA					
Operator Tempo En	ergy, Inc.				Well A			UI No.	PI No.		
Address 4000 N.	Big Sp	ring,	Suit	e 109	, Midland, TX 79705						
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghea	Change in Tr D d Gas XX C	ту Gas		Othe	er (Please expla	in)				
Change of operator give name  nd address of previous operator											
I. DESCRIPTION OF WELL	ANDIE	CE					* *************************************				
Hill Blineb							li i	Kind of Lease State, Federal or Fee		Lease No. Fee	
Location Unit Letter	330	)0F	ect Fron	ı The	orth Lim	and173	3.0 Fe	et From The _	East	Line	
Section 4 Township	, 21	S R	lange	37	E , N	ирм,		Lea		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		as Condense				e address to wh	sich approved	copy of this fo	orm is to be se	ní)	
Permian SCURLOC		N CORP EFF	9-1-91	J	<u> </u>					,	
When of Authorized Transporter of Casinghead Gas XX or Dry Gas Warren Petroleum Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102						
If well produces oil or liquids, give location of tanks.	Unit J	S∞.   T	wp.   215		Is gas actually connected?  YES			en ? 2-90			
If this production is commingled with that IV. COMPLETION DATA	from any oth	ier lease or po	ol, give	commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Ga	5 Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to P	rod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
		rubing, c	CASIN	G AND	СЕМЕНТІ	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE				ZE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR A	ALLOWA	BLE								
OIL WELL (Test must be after t	recovery of to	otal volume oj	load oil	and must	be equal to of	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	: <b>র</b>			Producing M	ethod (Flow, pi	ump, gas lift,	eic.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL	J		<u></u>		<u></u>						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitox, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulation have been complied with and	lations of the	e Oil Conserv	ation	CE		OIL COI	VSERV	'ATION	DIVISIO	NC	
is true and complete to the best of pry	knowledge	and belief.			Dat	e Approve	ed				
Signature Brogident					By						
Printed Name  June 24,			Title	0431	Title	)					
Date 24,	, <u>1</u>		ohone No								

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 YI for changes of operator, well name or number, transporter, or other such changes.