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

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

| 1. | REQ | | | | | AUTHORII TURAL GA | | | | | |
|--|---|---------------|-------------|---------------|------------------------------------|--------------------------|----------------|---------------------------------------|-----------------|------------|--|
| Operator | | | | <u> </u> | | | Well | API No. | | | |
| Doug Grimes | - | | | ····· | | ~ | | - / : | · | | |
| Address | | | M | ta a company | Para - 70 | 7 = 6 | | | | | |
| P.O. Box 796 Reason(s) for Filing (Check proper box) | | | Mona | inans, I | Texas 797 | et (Please expli | ain) | | | | |
| New Well | | Change in | n Transı | porter of: | Ou | ei (i ieuse expu | uin) | | | | |
| Recompletion | Oil | | Dry C | | | | | | | | |
| Change in Operator | | ead Gas | , . | _ | | | | | | | |
| If change of operator give name | | | | | | | | | | | |
| and address of previous operator | ·········· | | | | - | | | | | | |
| II. DESCRIPTION OF WELL | AND LE | EASE | | | | | | | | | |
| Lease Name | Well No. Pool Name, Includ | | | | ting Formation Kind o | | | of Lease | | Lease No. | |
| Sunshine State | | 1 | | nrose \ | J. C. L. | | State, | Federal or Fe | B-1 | 732 | |
| Location | 0.4 | 0.0 | | 3 | 7 . 1 | 220 | | | | | |
| Unit Letter | _ :9 | 90 | _ Feet 1 | From The _1 | North Lin | e and $\underline{2209}$ |) F | eet From The | _West_ | Line | |
| Section 19 Townsh | ip 21S | | Range | e 37E | , N | мрм, | Lea | a. | | County | |
| III. DESIGNATION OF TRAN | NSPART | FP OF O | TI A? | ND NATI | IDAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | X | or Conde | | TARIC | Address (Giv | e address to wi | hich approved | copy of this | form is to be s | seni) | |
| Sandhills Petroleum Inc. | | | | | P.O. Box 796 Monahans, Texas 79756 | | | | | | |
| Name of Authorized Transporter of Casin | | \mathbf{x} | or Dr | y Gas | Address (Giv | e address to wi | hich approved | copy of this | form is to be s | sent) | |
| Warren Petroleum Corp | - | | 1. | | | ox 1589 | | <u>ľulsa, C</u> | K. 741 | 02 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | | Is gas actuali | | When | | | | |
| | from envio | 19 | 2. | | | Yes | l | NA | | | |
| If this production is commingled with that IV. COMPLETION DATA | trom any o | uier lease or | pool, g | nve comming | ung order num | Der: | | - | | | |
| | | Oil Wel | 1 1 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | 1 | i | • | | | | | | | |
| Date Spudded | Date Con | npl. Ready t | o Prod. | | Total Depth | • | • | P.B.T.D. | | | |
| Floreties (DE DED DE CE | AND THE PER COLUMN AND AND AND AND AND AND AND AND AND AN | | | | | Top Oil/Gas Pay | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Old Gas Pay | | | Tubing Dep | Tubing Depth | | |
| Perforations | • | | | | <u>i</u> | | | Depth Casin | ng Shoe | | |
| | | | | | | | | | | | |
| | | | | | CEMENTI | NG RECOR | D | · · · · · · · · · · · · · · · · · · · | | | |
| HOLE SIZE | HOLE SIZE CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | · | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | ABLE | E | - | | | | | | |
| OIL WELL (Test must be after | recovery of | total volume | of load | d oil and mus | t be equal to or | exceed top allo | owable for thi | is depth or be | for full 24 ho | urs.) | |
| Date First New Oil Run To Tank | Date of T | est | | | Producing M | ethod (Flow, pu | ımp, gas lift. | etc.) | | | |
| Length of Test | Tubing B | | | | Casing Press | 100 | | Choke Size | · | | |
| ngth of Test Tubing Pressure | | | | | Casing 11668 | 116 | | Chore Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | Gas- MCF | | |
| | | | | | | | | | | | |
| GAS WELL | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of | f Test | | | Bbls. Conder | sate/MMCF | | Gravity of | Condensate | | |
| Testing Method /-it-s | Tubing Pressure (Shut-in) | | | | Cacing Program (Shut in) | | | Choke Size | | | |
| Testing Method (pitot, back pr.) | : ruoing rressure (Snui-in) | | | | Casing Pressure (Shut-in) | | | CHOKE SIZE | | | |
| VI. OPERATOR CERTIFIC | 'ATE O | E COM | DI IA | NCE | ir | | | | | | |
| I hereby certify that the rules and regu | | | | NCE | | DIL CON | ISERV. | ATION | DIVISION | NC | |
| Division have been complied with and | that the inf | ormation giv | | ve | | | | | | | |
| is true and complete to the best of my | knowledge | and belief | | | Date | Approve | d | | | | |
| KILIM | | | | | | pp. 0 • 6 | | | | | |
| XXIInda II. | 100 | <u>/</u> | | | By | عندانة الأن | RIGINAD - | SY GERRY . | EXION | | |
| Signature Brenda N. Pool | Pro | ductio | n Cl | erk | 5, _ | | | | | <u> </u> | |
| Printed Name | | | Title | | Title | | | | | | |
| <u>December 29, 1992</u> | (91 | .5) 943 | | | | | | | | | |
| Date | | l el | ephone | 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 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.