

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Presidio Exploration, Inc.

Address
3131 Turtle Creek Blvd, Suite 400 Dallas, TX 75219-5415

Reason(s) for filing (Check proper box) Other (Please explain)

New Well
 Recompletion
 Change in Ownership effective 11-1-88

Change in Transporter of:
 Oil
 Casinthead Gas
 Dry Gas
 Condensate

If change of ownership give name and address of previous owner Harvey Parkway Bldg Post Petroleum Company, Inc. 301 NW 63rd, Ste 400 Oklahoma City OK 73116

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Llano 31 Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>East Terry Blinebry</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM17252</u>
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>20S</u> Range <u>39E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Enron Oil Trading & Transportation</u>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>31</u>	Twp. <u>20S</u>	Rge. <u>39E</u>
	Is gas actually connected?		When	
	<u>no</u>			

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-334 (D-K Abo)

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Kenneth Burr (Signature)
Production Technician (Title)
December 5, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED DEC 26 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reel	Drill Reel
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 (Test must be after recovery of total volume of load oil and must be equal to or exceed as will be able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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

DEC 8 1959

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<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	effective 11-1-88		

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Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Enron Oil Trading & Transportation						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 20S	Rge. 39E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-334
East Terry Blinbry

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

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(Signature)
Kenneth Burr
Production Technician
(Title)
December 5, 1988
(Date)

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HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF		Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)		Choke Size

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