STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	11788	
DISTRIBUTI	DN	
SANTA PE		
FILE		
U.8.0.8.		
LAND OFFICE		
TRANSPORTER	014	
	GAS	
OPERATOR		
PROBATION OF	ICE	

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	
Presidio Exploration, Inc.	
Address	
3131 Turtle Creek Blvd, Suite 400 Dallas, TX 75219-	5415 Other (Please explain)
Reason(s) for filing (Check proper box)	Oner (rieuse explority)
New Well Change in Transporter of:	
Becompletion effective	densale
X Change in Ownership 11-1-88	
If change of ownership give name Post Petroleum Company , Inc and address of previous owner	Harve v Parkway Bldg 301 NW 63rd. Ste 400 Oklahoma City OK 73116-
II. DESCRIPTION OF WELL AND LEASE	The second secon
II. DESCRIPTION OF WELL AIND LEADE Well No. Pool Name, Including For	
Llano 31 Federal 1 East Terry Bline	ebryState, Federal or Fee Federal NM17252
Unit Letter F 1980 Feet From The North Line	and Feel From The West
Line of Section 31 Township 205 Range	39E , NMPM, Lea County
Line of Section 31 Township 203 Abige	
Name of Authorized Transporter of Children and Children a	GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)
	In non-actually connected? When
If well produces oil or liquids, give location of tanks. F 31 20S 39E	no
If this production is commingled with that from any other lease or pool, g	give commingling order numbers <u>DHC-334</u>
	(D-K Abo)
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	DEC 24 1980
I hereby certify that the rules and regulations of the Oil Conservation Division have	
been complied with and that the information given is the and complete to the out of	BY ORIGINAL SIGNED BY JERRY SEXTON
my knowledge and belief.	DISTRICT I SUPERVISOR
	TITLE
	This form is to be filed in compliance with RULE 1104.
Kenneth Bun	If this is a sequent for allowable for a newly drilled or deepene
Kenneth Burr (Signature)	well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.
Production Technician	All sections of this form must be filled out completely for allow

(Tule)

1

(Date)

December 5, 1988

All sectio able 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 filed for each pool in multiply completed wells.

Form C 1 34 Revised 10- 1473 Format 06-0-84 Page 2

. -

IV. COMPLETION DATA

Designate Type of Completio	on - (X)	011 2011	Gas Well I	New Well	Workover	Deepen H	Plug Back	Same Res'v	DI E A.	
Date Spudded	Date Compl.	. Ready to F		Total Dept	 h		P.B.T.D.	•		
Elevations (DF, RKB, RT, GR, etc.,	Name of Pro	jucing For	nation	Top Oll/Ge	is Pay	<u>.</u>	Tubing Dep	ih		
Perforations	<u> </u>			<u>i</u>			Depth Casis	ng Sho+		
		TUBING,	CASING, AH	CEMENTI	NG RECOR	D				
HOLESIZE		NG & TUBING SIZE DE			DEPTH SET			SACKS CEMENT		
	<u> </u>			4						

V. TEST DATA AND REQUEST FOR ALLO WABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed on alle OIL WELL able for this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.)				
Choke Size				
Gas • MCF				
•				

GAS WELL

Actual Prod. Teet-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Teeling Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1.8)	Choke Size

k 43

()EC - 6 % *

S	TATE	E OF	NEW	MEXICO
ENERGY	ONA	MIN	ERALS	DEPARTMENT

**. ** (#*)(* \$55)			
DISTRIBUTIO	он —		
SANTA PE		Γ	
FILE			
U.8.0.8.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	0 AB]	I
OPERATOR		T	

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

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I		

PROBATION OFFICE

1.			
Operator			
Presidio Exploration, Inc.			
Address			
3131 Turtle Creek Blvd, Suit	e 400 Dallas, TX	75219-5415	
Reason(s) for filing (Check proper box)			Other (Please explain)
New Well	Change in Transporter of:		
Recompletion effective	ou	Dry Gas	
New Well Recompletion effective Xchange in Ownership 11-1-88	Casinghead Gas	Condenagte	
		 ⊢ar	ve v Parkway Bldg
If change of ownership give name Post and address of previous owner	Petroleum Compa	zv. Inc. 301	NW 63rd, Suite 400 Oklahoma City, OK 73116
and address of previous owner			······································

II. DESCRIPTION	OF WELL	L AND LE.	ASE						
Lease Name			Well No.	Pool Name, Including Format	ion		Kind of Lease		Lease No.
Llano 31 Fede	ral		1	D-K Abo			State, Federal or Fee	Federal	NM17252
Location Unit Letter	;	1980	Feel Fro	om The North Line and	1980)	_ Feel From The	West	
Line of Section	31	Township	205	Range	39E	, NMPM,	Lea		County

Enron Oil Trading & Transpo Name of Authorized Transporter of Casing	rtation	or Dry Go		Address (Give address to which	approved copy of this form is to be sent;
If well produces oil or liquids, give location of tanks.	nu , s•c. F ! 31	20S	890 39E	Is gas actually connected?	When

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

East Terry Blinebry

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

(Title)

(Date)

(Signalwe)

Ken**net**n Byrr (Production Technician

OIL CONSERVATION DIVISION 1303 24 kg 19 APPROVED.

TITLE .

BY.

This form is to be filed in compliance with RULE 1104.

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completio		Gas Well	New Well	Workover r	Deepen	Plug Back	Same Flee'v	, £ i≂	
Date Spudded	Date Compl. Ready to Proc	1.	Total Depti	 1	<u>.i</u> _	P.B.T.D.			
levations (DF, RKB, RT, GR, etc., tiame of Projucing Formation			Top Oll/Go	ε Ραγ	······	Tubing Depth			
Perforationa	1	<u></u>	l			Depth Casir	ng Shoa		
······································	TUBING, CA	SING, AN	DCEMENTI	NG RECOR					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·			· † · · · · · · · · · · · · · · · · · · ·						
	 				··· ···				

V. TEST DATA AND REQUEST FOR ALLO WABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed an alle OIL WELL able for this depth or be for full 24 hours)

Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, ric.)	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	OII-Bbls.	Water + Bbie.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teating Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Calling Pressure (Shut-in)	Choke Sira
L			

March March March March 1998
March March March 1999
March March 1999
March March 1999
<li

RECEIVEL

DEC 8 CHO

OCD HOBBS OFFICE