STATE OF NEW MEXICO	-	VATION DIVISION	Form C-104 Revised 10-1-78
DISTRIBUTION	P. O.		
SANTA FE	SANTA FE, N	EW MEXICO 87501	
U.S.G.S.	REQUEST	FOR ALLOWABLE	
GAS OPERATOR		AND	
PROBATION OFFICE		NSPORT OIL AND NATURAL GAS	5
Operator POST PETROLEUM COMPA Address	NY, INC. (debtor in poss	session)	
15 N. Robinson, Suit	e 1000 Colcord Bldg., Okl	lahoma City, OK 73102	
Reason(s) for filing (Check proper New Well	Change in Transporter of:	Other (Please explain)	
Recompletion			
Change in Ownership	Casinghead Gas Cor	ndensate	EFFECTIVE 10/1/83.
If change of ownership give nam and address of previous owner _	e		
DESCRIPTION OF WELL AN	Vell No. Poo. Name, Includin	a Formation	
Llano 31 Federal	#1 D K Abo		deral or Fee FEDERAL NM17252
Location E 1	080	1000	
	980 Feet From The North		om The <u>West</u>
Line of Section 31	Township 20S Range	<u> 39Е , ммрм, Lea</u>	County
DESIGNATION OF TRANSPO Name of Authorized Transporter of UPG, INC.	OIL X or Condersate	GAS Address (Give address to which ap P.O. Box 2248 Andrew	oproved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	t	oproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Rge. F 31 20S 39	Is gas actually connected?	When
	with that from any other lease or poo		DHC-334 East Terry Blineb
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Comple 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, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>. </u>			
TEST DATA AND REQUEST	FOR ALLOWABLE (Text must be	after recovery of total values of load	oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Bun To Tanks		depth or be for full 24 hours) Producing Method (Flow, pump, gas	· · · · · · · · · · · · · · · · · · ·
		Freddering Method (Fribb), Pump, get	, .,,,, e.c.,
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Teet	Оц-вы.	Water-Bbis.	Gas - MCF
GAS WELL	· ·		
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitoi, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		•	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION DIVISION
ivision have been complied wi	d regulations of the Oil Conservation th and that the information given he best of my knowledge and belief		1983
· · · · · · · · · · · · · · · · · · ·			S INSPECTOR
	AN 4		in compliance with RULE 1104.
<u> </u>	1. hJurtelt	well, this form must be accom	lowable for a newly drilled or deepened spanied by a tabulation of the deviation
	ngSecretary	tests taken on the well in ac	cordance with RULE 111. must be filled out completely for allow
	Title) 14. 1983	able on new and recompleted	wells.

Fill out only Sections I, II, III, and VI for changes of owner,

STATE OF NEW MEXICO GY AND MINERALS DEPARTM			Form 1-104
		VATION DIVISION	Revised 10-1-78
		BOX 2088 EW MEXICO 87501	
U.S.G.S.			
TRANSPORTER DIL	REQUEST F	OR ALLOWABLE	
OPERATOR PROBATION OFFICE	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL G	AS
Post Petroleum Compa	ny, Inc. (debtor in pos	session)	
15 N. Robinson Suite Reason(s) for filing (Check prop	1000 Colcord Building Okl	ahoma City OK 73102	
New Well	Change in Transporter of:	Other (Please explain	·/
Recompletion Change in Ownership		Gas	
If change of ownership give na	ine interiore in	densate	
and address of previous owner			
1. DESCRIPTION OF WELL A	Well No. Pool Name, Including	Formation Kind of	1 0050
Llano 31 Federal	1 East Terry		Federal Cease No.
	1980 Feet From The North L	/	From The West
Line of Section 31	Township 205 Range	39Е , ммрм,	
L DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL G		, ,
Charter Crude Oil Co	of Oil () or Condensate ()	Address (Give address to which P.O. Box 5008, Hous	approved copy of this form is to be sent)
Name of Authorized Transporter o		Address (Give address to which a	approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 31 205 39E	Is gas actually connected?	When
If this production is commingle . COMPLETION DATA	d with that from any other lease or pool	, give commingling order number	· · · · · · · · · · · · · · · · · · ·
Designate Type of Comp	letion - (X)	New Well Workover Deepe	n Plug Back Same Restv. Diff. Rest
Date Spusded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, et	c., Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be c	1 after recovery of total volume of load epth or be for full 24 hoursj	i foil and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gr	as lift, etc.j
Length of Test	Tubing Pressure	Casing Pressure	Chcke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gat • MCF
1		1	
GAS WELL Actual Prod. T++1-MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate
Teeling Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLI	ANCE		/ATION DIVISION
••••••		APPROVED	and the second sec
Division have been complied w	nd regulations of the Oil Conservation ith and that the information given the best of my knowledge and belief.	BY CLU	, 19
the second complete to	Stet of my knowledge and belief,		LS INSPECTOR
			in compliance with RULE 1104.
		If this is a request for a	in compliance with RUCE flow, llowable for a newly drilled or deepene mpanied by a tabulation of the deviation
Fngine	ering Secretary	tests taken on the well in ac	coordance with RULE 111.
	(Tille) Der 1, 1982	able on new and recompleted	
	(Jare)		 II. III. and VI for changes of owner porter, or other such change of condition

 (Title)	, 9-			
November 1	1,	1982		
 (Doie)	,			

All section new			i out completely	for allow
			VI for changes such change of	
	_	 		

STATE OF NEW MEXICO				Form C-104 Revised 10-1-78
	OIL CONSERV	ATION DIVISION		
DISTRIBUTION	Р. О. В	OX 2088		
SANTA PE	SANTA FE, NE	W MEXICO 87501		
U.S.G.S.		OR ALLOWABLE		
GAS OPERATOR	AUTHORIZATION TO TRAN	AND SPORT OIL AND NATURAL	GAS	
Operator		• \		
Address	, Inc. (debtor in posses			······································
Reason(s) for filing (Check proper box	N. Robinson, Oklahoma Ci */	ty, OK 73102 Other (Please exp	lain)	
New Well Recompletion Change in Ownership	Change in Transporter of: Cii X Dry C Casinghead Gas Cond			
4				,
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND	Vell No. Pool Name, Including	Formation Kin	d of Lease	1 Legse
Llano 31 Federal	1 DK Abo	Star	Federal or Fee	al
Location F 10	80Feet From The <u></u> L	1980 s	Wes	t
			et From The	
Line of Section 31 To	ownship 205 Range	39Е , ммрм,	l	.ea <u>Cou</u>
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to w)	ich approved com o	this form is to be sent)
Charter Crude Oil Compa Name of Authorized Transporter of Co		P.O. Box 5008, Ho Address (Give address to wh	uston, IX //	U12 this form is to be sent!
Name of Authorized Transporter of Co				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	When	
give location of tanks.	F 31 20S 39E	1. give commingling order nur	nber:	
V. COMPLETION DATA				
Designate Type of Completi	ion - (X)	New Well Workover E	eepen Plug Ba	k Same Restv. Dill. F
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 [Jepth
Perforations			Depth C	asing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
. TEST DATA AND REQUEST H	OR ALLOWABLE (Test must be able for this	after recovery of total volume c depth or be for full 24 hours)	f load oil and must b	e equal to or exceed top
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke S	120
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - Ma	CF
				of Condensate
GAS WELL			L Complex	01 I 000000000
GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gidvity	
	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shat-in		
Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in		lze

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.

strecca (Signature)

Engineering Secretary

(Title) Novem

1

ber	1,	1982
(Dat	e)	

1	i			Ù				
1Ż.	Ĥ.	ì	2	Ĵ.				

BY <u>____</u> £ ۰. TITLE

4

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

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of ow well name or number, or transporter, or other such change of condi Separate Forms C-104 must be filed for each pool in mul

STATE OF NEW MEXICO BSY MID MINERALS DEPARTMENT	OIL CONSERV	ATION DIVISION	Form C-104 Revised 10-1-78
CHATRIDUTION		DX 2088 W MEXICO 87501	
r 1L c			
TRANSPORTER OIL		R ALLOWABLE	
OPERATOR PROMATION OFFICE		PORT OIL AND NATURAL GAS	
POST PETROLEUM	COMPANY, INC.		
15 N. Robinson, Suit	e 1000 Colcord Bldg	, Okla. City, OK 73	3102
Reason(s) for filing (Check proper box, New Well Recompletion Change in Cwnerehip	Change in Transporter of: Oil Dry Go Casinghead Gan Conde		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND			
Lesse Nome Llano 31 Federal	Well No. Pool Name, Including F	Ormation Kind of Leas DK Abo State, Federa	Federal Legan No. NM17252
Location F . 198	0 North	1020	
····· 25	C C C C C C C C C C C C C C C C	ne and <u>1980</u> Feet From ⁶	The
Line of Section 31 Tow	mship 20S Range 3	9Е , ммрм,	Lea County
DESIGNATION OF TRANSPORT		AS Address (Give address to which appro	ved copy of this form is to be sent)
International Crude Cor	poration	2454 Industrial Bouleva	rd Abilene, TX 79605
Name of Authorized Transporter of Cas NONE	inghead Gas or Dry Gas	Address (Give address to which appro NONE	ved copy of this form is to be sent)
If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. Rec. F 31 205 39E	1s gas actually connected? (Wh. NO NO	en gas is produced
· · · · · · · · · · · · · · · · · · ·	h that from any other lease or pool,		o gas is produced
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of ampletio	n — (X) Date Compl. Ready to Prod.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations	L	•	Depth Casing Shoe
·	TUBIND, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil . pth or be for full 24 hours)	and must be equal to or exceed top allow-
Date Firet New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(i, eic.)
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	O(1 - Bbls,	Water-Bbls.	Gas - MCF
GAS WELL		·	
Actual Prod., Test . MCFO	Length of Test are the second s	Bbla. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Procesure (Shut-in)	Coming Presews (Shut-12)	Chol. Sii.
SERTIFICATE OF COMPLIANC	CE	OIL CONSERVAT	ION DIVISION
hereby certify that the rules and re Division have been complied with bove is true and complete to the	and that the information given	APPROVEDJUL 1	<u>+ 1982</u> , 19
•	· · · ·	TITLE	
Reberica a.		If this is a request for allow	compliance with RULE 1104. Table for a newly drilled or deepened nied by a tabulation of the deviation
Engeineerin	iwe) ng Secretary	tests taken on the well in accor	dance with RULE 111. st be filled out completely for allow-
(Tu)	le)	able on new and recompleted we	11.
Tune 10 (Dad		well name or number, or transport	i, III, and VI for changes of owner, er, or other such change of condition. I be filed for each pool in multiply

Feoson(s) for filing (Check proper box) New Well Recompletion Change in Cwnership	P.O. DO SANTA FE, NEW REQUEST FO A AUTHORIZATION TO TRANSF COMPANY, INC. :e 1000 Colcord Bldg,	W MEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL GAS Okla. City, OK 73	Form C-104 Rev1.cd 10-1-78
End #ddress of previous owner DESCRIPTION OF WELL AND I Lease Name Llano 31 Federal Location Unit Letter F Line of Section 31 Tow	Mell No. Pool Lame, Including F 1 East Terry Elin 0 Feet From TheNorthLin	n ebry State, Federal	Federal NM17252
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off International Crude Cor Name of Authorized Transporter of Cas NONE If well produces off or liquids, give location of tanks. If this production is commingled with COMPLETION DATA	Image: Condensate	Address (Give address to which approv 2454 Industrial Boulevan Address (Give address to which approv NONE is gas actually connected? NO NO give commingling order number:	nd Abilene, TX 79605 (cd copy of this form is to be sent) (c) gas is produced
Designate Type of Completio Dete Spudded Elevations (DF, RKB, RT, GR, etc.)		Now Well Workover Deepen Total Depth Top Cil/Gas Pay	Plug Back Same Res'v. Diff. Res'v.
HOLE SIZE	TUBINJ, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT
TEST DATA AND REQUEST FO OIL WELL Date First New OIL Run To Tanks Length of Test Actual Prod. During Test	OR ALLOWABLE (Test must be af able for this de Dato of Toot Tubing Pressure Oll-Bbis.	iter recovery of total volume of load oil o nth or be for full 24 hours) Producing Method (Flow, pump, gas lif Casing Pressure Water-Bbls.	ind must be equal to or exceed top allow- 1, etc.) Choke Size Gas-MCF
	Length of Test Tubling Frossure (Shut-is)	Bble. Condeneate/AMCF Casing Presews (Shot-12)	Gravity of Condeneate Choke Size
CERTIFICATE OF COMPLIANC hereby certify that the rules and rules and rules in the Division have been complied with bove is this and complete to the Achecca (Signa Engineering (Tru- June 10) (Day	egulations of the Oil Conservation and that the information given beat of my knowledge and belief, Dutted ine) of Secretary (e) 0, 1982	well, this form must be accompar- tests taken on the well in accord All sections of this form must able on new and recompleted we Fill out only Sections 1, 11, well name or number, or transport	CD BY Div compliance with RULE 1104. able for a newly drilled or deepened hied by a tabulation of the deviation dance with RULE 111. at be filled out completely for allow-