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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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Capataz Operating, Inc. Well API No. 30-025-31145 ✓

Address P.O. Box 2083, Midland, Texas 79702

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

New Well  Change in Transporter of:  Dry Gas  Oil  Condensate  Casinghead Gas

Recompletion  Effective November 1, 1992

Change in Operator

If change of operator give name and address of previous operator Seay Exploration Inc., Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bilberry</u>	Well No. <u>1</u>	Pool Name, including Formation <u>House-Yates-Seven-Rivers</u>	Kind of Lease State, Federal or <u>(Fee)</u>	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>6</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 type="checkbox"/> or Condensate <input type="checkbox"/> <u>NONE Petro Source 17407</u>	Address (Give address to which approved copy of this form is to be sent) <u>2-37-95</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Sid Richardson Carbon &amp; Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main St., Fort Worth, TX 76102</u>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>6</u> Twp. <u>20S</u> Rge. <u>39E</u>	Is gas actually connected? <u>Yes</u> When? <u>5/91</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
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 OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	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

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

Signature H. Scott Davis President

Printed Name 1/1/93 Title 915-682-7664

Date 1/1/93 Telephone No. 915-682-7664

OIL CONSERVATION DIVISION

Date Approved Jan 20 1993

Signed by Paul Kanta  
By Paul Kanta Geologist

Title \_\_\_\_\_

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.