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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator Tempo Energy, Inc.	
Address 4000 N. Big Spring, Suite 109, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	

Change of ownership give name and address of previous owner A. G. McCarver, 2900 North Big Spring, Street, Midland, TX 79701

DESCRIPTION OF WELL AND LEASE	
Lease Name Payne	Well No. 1
Pool Name, including Formation Tristi Draw	Kind of Lease State, Federal or Fee Federal
	Lease No. NM03226
Location	
Unit Letter F	2310 Feet From The North Line and 2310 Feet From The West
Line of Section 35	Township 23S
Range 32E	County Lea

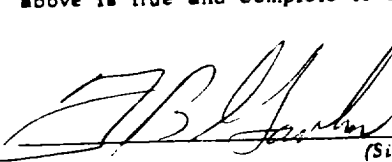
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 3119, Midland, TX 79702
Name of 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. 35
	Twp. 23S
	Rge. 32E
	Is gas actually connected? <input type="checkbox"/>
	When.

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
Perforations	Tubing Depth
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure
	Casing Pressure
Actual Prod. During Test	Oil-Bbls.
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

I. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
(Signature)	
President	
(Title)	
6-19-85	
(Date)	
OIL CONSERVATION COMMISSION	
JUN 28 1985	
APPROVED _____, 19____	
BY ORIGINAL SIGNED BY EDDIE SEAY	
TITLE OIL & GAS INSPECTOR	
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 filed for each pool in multiply	