

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

I. Operator  
**Zia Energy, Inc.**

Address  
**P.O. Box 2219, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner **ARCO Oil and Gas Company, P.O. Box 1710, Hobbs, N.M. 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>R. E. Brunson</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Penrose - Skelly</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>J-</b>	<b>2310</b>	Feet From The <b>South</b>	Line and <b>2310</b>	Feet From The <b>East</b>
Line of Section <b>4</b>	Township <b>22-S</b>	Range <b>37-E</b>	NMPM, <b>Lea</b>	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"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 159, Artesia, N.M. 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, Tulsa, OK 74101</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When <b>Yes 9/13/84</b>

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

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.

**M. E. Nelson**  
(Signature)  
**Engineer**  
(Title)  
**12/31/85**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 2 - 1986**, 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 filed for each pool in multiply completed wells.

# IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Scale Res'tv.	Dist. Res'tv. X
Date Spudded 12/18/85-Recomplete	Date Compl. Ready to Prod. 12/21/85	Total Depth 6580'			P.B.T.D. 5140'			
Elevations (DF, RKB, RT, GR, etc.) 3440 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3770'			Tubing Depth 3719'			
Perforations 3770' - 3824 w/ 46 holes					Depth Casing Shoe 6580'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No change in casing record.			

## 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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/21/85	Date of Test 12/23/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 224	Oil - Bbls. 21	Water - Bbls. 203	Gas - MCF 73

## GAS WELL

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

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