Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Liergy, Minerals and Natural Resources Departments

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

I.			· · · · ·	TO TR					ATURAL G		J			
Operator											I API No.		······································	
Address	SEC CO	rpo	ration						·····					
	.o. B	ox	13 9 2	1	Mid:	land,	Tex	ra s	79702					
Reason(s) for Filing (Cha	ick proper	bax)							ther (Please exp	n'ain)	 			
New Well				Change i		asporter of	-		tor Name		0572			
Recompletion	H		Oil	ـ ـ	_ `	y Gas			Bliss En			'n		
Change in Operator If change of operator give	Darme.		Casinghea	d Gas	J Co	adea sate	<u> </u>				- por a or c	····		
and address of previous of	perator .								······································					
II. DESCRIPTION	OF W	ELL	AND LE	SE									•	
Lease Name Greenw	ood.			Well No.	Poc			ing Formation		Kin	of Lease		Lease No.	
Location	000			2		renr	ose	Skelly	Graybur	g suc	, Federal or Fe	∞Fee		
Unit Letter	L		. 198	3 0	_	t From Th	S	South	. 61	60 ,		West		
				***	Fee				ne and	1	Feet From The	MEBC	Line	
Section 9		wnsh	ip 225	3	Rat	nge .	37E		ІМРМ,	Lea			County	
ECTT Energy Oper	STOR !	B.,	EOII	Ener	gy (Corn		D.I. G.						
Name of Authorized Tran	sporter of	Oil	XEITE	G Corp.		-93—	TU	Address (G	ve address to w	hich approve	d come of this	form is to be a		
Enron Oil T			Transpo	rtati	on.	76		Box			, Texas	77253		
Name of Authorized Tran	sporter of	Casin	ghead Gas	X.	or I	Dry Gas			ve address to w					
Warren Pet.	<u>Co</u>	Div,						Box	1589 Tu	lsa, Ok		74102		
If well produces oil or liquid	uids,		Unait	Sec. 9	Twp		Rge. 7E		ly connected?	Whe	- ·	*		
If this production is comm	ingled wit	h that									9-6-8	5		
IV. COMPLETION	I DATA				,	give com	ınıığı	ing order ism						
Designate Type of	Comple		~	Oil Well		Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Сопри	SUON		Barder				7-15-1	1	<u> </u>	<u> </u>	<u>i</u>	<u>i</u> i	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.						
Elevations (DF, RKB, RT,	GR, etc.)		Name of Pro	oducing Fo	ormat	ion		Top Oil/Gas Pay			Tubing Depth			
Perforations			<u> </u>											
Pertorations											Depth Casin	g Shoe		
			TI	JBING	CA	SING A	תע	CEMENTI	NG RECOR	10	<u> </u>			
HOLE SIZI				ING & TL			1	DEPTH SET				SACKS CEMENT		
						· ·								
. TEST DATA AN	D REQ	UES	T FOR A	LLOWA	ABL	E					<u> </u>			
OIL WELL (Test	must be a						nust i	be equal to or	exceed top allo	wable for th	is depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To) Tank		Date of Test						thod (Flow, pu					
ength of Test			Tubing Proc					Casing Pressure			Choke Size	 		
			Tubing Pressure					Casing Pressure			Choke Size	CHORE DIZE		
Actual Prod. During Test	Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF	Gas- MCF				
			<u> </u>											
GAS WELL														
Actual Prod. Test - MCF/D)		Length of Te	at .				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back	ne l	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Chaka Sina	Choke Size				
	F . •/						Casing Pressure (Sinterin)			Choke Size	Choke Size			
I. OPERATOR C	ERTI	FIC	ATE OF (OMP	ΙΙΑ	NCF	\neg				<u> </u>	12.	·	
/I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					ļ		DIL CON	SERV	ATION [DIVISIO	N			
Division have been complied with and that the information given above										1.01	1D 0 A	1000		
is true and complete to the best of my knowledge and belief.							Date	Approved	d t	M/	<u>4R 3 0</u>	1930		
George Van Huse									- Sioned t	N o				
Signature						By Paul Kauts								
Printed Name George Van Husen Agent Title							ا, َ	Geologist						
2=27-90 915 682-1828						Title								
Date					hone	No.								

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.