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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

Operator Zia Energy, Inc.	Well API No. 300251014700S1
Address P.O. Box 2219, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Penrose	Well No. 3	Pool Name, Including Formation Drinkard	Kind of Lease State Federal <input checked="" type="checkbox"/>	Lease No. LC-061446
Location Unit Letter E : 1874 Feet From The North Line and 766 Feet From The West Line Section 9 Township 22 S Range 37 E , NMPM , Lea 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"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 9	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When ? Not available
If this production is commingled with that from any other lease or pool, give commingling order number: PC-588						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X					X		X
Date Spudded 5/12/90	Date Compl. Ready to Prod. 5/21/90		Total Depth 8120'		P.B.T.D. 7180'			
Elevations (DF, RKB, RT, GR, etc.) 3430' KB 3419' GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6380'		Tubing Depth 6530'			
Perforations 6380-6524'					Depth Casing Shoe 8089'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13-3/8"		153'		165 sx			
	9-5/8"		2785'		1400 sx			
	7"		8089'		800 sx			

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 5/25/90	Date of Test 6/06/90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 Hrs	Tubing Pressure NA	Casing Pressure 30 psi	Choke Size NA
Actual Prod. During Test 23 Bbls	Oil - Bbls. 8	Water - Bbls. 15	Gas- MCF 182

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 
Printed Name **D.E. Bratton** Engineer
Date **8/23/90** Title **505-393-2937**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 

By 

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.