Submit 5 Copies
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

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 ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well	Well API No.				
Zia Energy, Inc.							30-025-10339						
Address													
P.O. Box 2219,	Hob	bs. N	M 88	324	1-221	9	es (Please expl	lai-1					
Reason(s) for Filing (Check proper box)		Chares :	. T		w of:	[] Oth	ct (riease expl	аит)					
New Well Recompletion	Oil	Change in	Dry	•	01:								
Change in Operator	Casinghead												
If change of operator give name	- antigrical	- 3=a [A	,		- L			·					
and address of previous operator													
II. DESCRIPTION OF WELL	AND LEA	SE											
Lease Name	Well No. Pool Name, Include				•			Kind of Lease States Federal or Figs		Lease No.			
Federal	2 Eunice San				n Andres Southwest			NM-1410		110			
Location	1.6	50			,	NY 4- 1-	1.0		_	m .			
Unit LetterG	_ :16	30	_ Feet	Fron	The	NOTER Lin	e and16	<u> </u>	eet From The	Last	Line		
Section 17 Township	p 22 S		Rang	ge	37 E	, NI	мрм,		Lea		County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU						RAL GAS Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Oil		or Conde	nsale			Address (Giv	e address to w	hich approved	i copy of this f	orm is to be se	int)		
7 (avage) Name of Authorized Transporter of Casing	phead Cas	[x]	or D	rv C		Address (Giv	e address to w	hich approve	d copy of this f	orm is to be se	ent)		
Sid Richardson Carbon					Address (Give address to which approved 201 Main St., Fort Wo								
If well produces oil or liquids,		Sec. Twp		.	Rge.				When ?				
give location of tanks.	KI	17	1229	<u> </u>	37E	Y	'es		11/0	1/91			
If this production is commingled with that	from any other	r lease or	pool,	give (commingl	ing order num	ber:						
IV. COMPLETION DATA		Leann			337.41	1 22 27	1 100	1 5	l Dive De de	Icama Basin	Diff Barb		
Designate Type of Completion	- (X)	Oil Wel	! 	GRI	Well	I New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to	o Prod			Total Depth	L.,	 	P.B.T.D.	l			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, stc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations						<u> </u>			Depth Casin	a Shoe			
	T	UBING,	CAS	SINC	AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
<u> </u>													
				 -	. 				 				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E		L			<u></u>				
OIL WELL (Test must be after re					and must	be equal to or	exceed top alle	owable for thi	s depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test					Producing Me	thod (Flow, pu	ump, gas lift,	ric.)				
						C		······································	Choke Size				
Length of Test	Tubing Pressure					Casing Pressure			CHORE SIZE				
Actual Prod. During Test				Water - Bbis.			Gas- MCF						
		Oil - Bbls.											
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
	-												
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size				
	L					 			1				
VI. OPERATOR CERTIFICA	ATE OF	COMF	PLIA	NC	E	ے	DIL CON	ISERV	ΔΤΙΩΝΙ	חועופוכ	M		
I hereby certify that the rules and regula Division have been complied with and t				ve						D14101C	/ I T		
is true and complete to the best of my k			en ado	46		Data	Approve	ط		3401			
() A 1 -H						Date	Approve	u	<u>.</u>	ــــــــــــــــــــــــــــــــــــ			
DE Brollon						ם	(Approximate)	al suraum	aV ienn∨	CEVYON			
Signature D.E. Bratton Engineer						By ORIGINAL INCOMED BY JERRY SEXTON DISTRICT I SUPERVISOR							
D.E. Bratton Printed Name			Eng 1	.ue(<u> </u>	Title		- ಕಾರ್ಯಾನಿಕೆ ಬಿಗ್ ಬರ್ಗಾನೆ 🧍	e er en alec				
11/05/91		505-	393-		37	11110							
Date		Tele	phone	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.