S	TATE	OF	NEW	MEXICO	
ENERGY	AND N	VIN	ERALS	DEPART	MENT

DISTRIBUTION		
LANTA FE		
FILE		
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LAND OFFICE		
TRANSPORTER OIL GAS		
OPERATOR		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Caspen Oil, Inc. Address 300 Crescent Court, Suite 1100, Dallas, Texas 75201 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Change of Operator: Summit Energy. Inc 300 Crescent Court. Suite 1100, Dallas, Texas 75201 I change of operator: Summit Energy. Inc 300 Crescent Court. Suite 1100, Dallas, Texas 75201 I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Well No. Pool Name, Including Formation Drinkard B 2 Brunson Drinkard - Abo, S.	[
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	If well produces oil or liquids,	• • • •	Yes	
			ive 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.

Lathy maning /Kathy Conaway
(Signature)
Production Analyst
(Title)
November 3, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED

Form C-104 Revised 10-01-78 Format 06-01-83 **

Page 1

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

TITLE .

BY

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despend 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 sllowable 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 Forma C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completi	on - (X)	OII Well	Gas Well	New Well	Workover	l Deepen I	Plug Back	Same Res'v. Dill. Res'v
Date Spudded	Date Comp	ol. Ready to F	Prod.	Total Dept	h	<u> </u>	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of P	roducing Form	nation	Top Oll/G	as Pay		Tubing Dep	oth
Perforations	_l			_ }		·=	Depth Casi	ng Shee
		TUBING,	CASING, AN	DCEMENTI	NG RECOR	D	1	······································
HOLE SIZE	CAS	ING & TUBI	NG SIZE		DEPTH SE	T	S.	ACKS CEMENT
		<u>.</u>			••••••••••••••••••••••••••••••••••••••			
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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 allow able for this depth or be for full 24 howe)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, ric.)		
Length of Test	Tubing Pressure	Casing Pressure	Chake Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas-MCF	

GAS WELL

ng Series Series

Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-13)	Choise Size
	<u> </u>		

RECEIVED

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NOV 14 1988

OCD HOBBS OFFICE