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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**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.   |                             | TOTRA                                   | INSP            | ORTO           | L AND NA                                      | TURAL G        |                 |                                    |                 |            |  |
|--|-----------------------------|---|-----------------|----------------|---|----------------|-----------------|------------------------------------|-----------------|------------|--|
| Operator Dawson Operating (  | Company                     |   |                 |                |   |                | Well            | Well API No.<br>30-025-23428       |                 |            |  |
| Dawson Operating C   |                             |   |                 |                |   |                | L               | 00 020-                            | 20720           |            |  |
| P. O. Box 403, Mid   | lland, T                    | exas 7                                  | 9702            | 2              |   |                |                 |                                    |                 |            |  |
| Reason(s) for Filing (Check proper box)  |                             |   | -               |                | Out   | es (Please exp | lain)           |                                    |                 |            |  |
| New Well   | 0.1                         | Change in                               | Transp<br>Dry G |                |   |                |                 |                                    |                 |            |  |
| Recompletion   | Oil<br>Casinghea            |   | Conde           |                | Effe  | ctive Ju       | me 1, 1         | 993                                |                 |            |  |
| If change of operator give name  |                             |   |                 |                |   |                |                 |                                    |                 |            |  |
| and address of previous operator   |                             |   |                 |                |   |                |                 |                                    |                 | A divisió  |  |
| II. DESCRIPTION OF WELL  | AND LEA                     |   | 12 22           | <del></del>    |   |                | 1 35: .         | Ct Ct -                            | +-1             | ease No.   |  |
| Lease Name New Mexico M State  |                             | Well No. 63                             |                 |                | in <b>g Formation</b><br>attix Ser            | en Rive        |                 | of Lease Sta<br>Federal or Fe      |                 | -934       |  |
| Location   |                             |   | 1               | en Gray        |   |                |                 |                                    |                 | i          |  |
| Unit LetterH   | 1280                        | )                                       | Feet F          | rom The        | East Lin                                      | e and25        | 40 F            | et From The                        | North           | Line       |  |
| Section 30 Townsh  | ip 22S                      |   | Range           | 270            |   | мрм,           | Lea             |                                    |                 | County     |  |
| II. DESIGNATION OF TRAP  |                             | D OF O                                  |                 |                |   |                |                 |                                    |                 |            |  |
| Name of Authorized Transporter of Oil  | TX                          | or Conden                               |                 |                | Address (Giv                                  | e address to w | hich approved   | copy of this f                     | orm is to be se | eni)       |  |
| EOTT Energy Corporati  |                             |   |                 |                |   | Box 2297       |                 |                                    |                 |            |  |
| Name of Authorized Transporter of Casinghead Gas   |                             |   |                 | Gas            | 1   |                | -               | d copy of this form is to be sent) |                 |            |  |
| Texaco Expl. & Prod.,  If well produces oil or liquids,  |                             |   |                 | ls gas actuall |   | When           | , OK 74102      |                                    |                 |            |  |
| ive location of tanks.   | C                           | 29                                      | 22S             |                | Yes   |                |                 | 2-26-70                            |                 |            |  |
| f this production is commingled with that  | from any other              | er lease or p                           | oool, gi        | ve comming)    | ing order numi                                | рег:           |                 |                                    |                 |            |  |
| V. COMPLETION DATA   |                             | louw.u                                  |                 | G - 11/-11     | New Well                                      | Workover       | Deepen          | Diva Dack                          | Same Res'v      | Diff Res'v |  |
| Designate Type of Completion   | - (X)                       | Oil Well                                | '               | Gas Well       | I HEW WELL                                    | WOLKOVE        | Deepen          | ring bear                          | Same Res        |            |  |
| ate Spudded Date Compi. Ready to Prod.   |                             |   |                 |                | Total Depth                                   |                | _L              | P.B.T.D.                           |                 |            |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |   |                 |                | Top Oil/Gas Pay                               |                |                 | Tubing Depth                       |                 |            |  |
| Perforations   |                             |   |                 |                |   |                |                 | Depth Casing Shoe                  |                 |            |  |
|  | т                           | URING                                   | CASI            | NG AND         | CEMENTI                                       | NG RECOR       | PD              | <u> </u>                           |                 |            |  |
| HOLE SIZE  |                             | TUBING, CASING AND CASING & TUBING SIZE |                 |                |   | DEPTH SET      |                 |                                    | SACKS CEMENT    |            |  |
|  |                             |   |                 |                |   |                |                 |                                    |                 |            |  |
|  | <del></del>                 |   |                 |                |   |                |                 |                                    |                 |            |  |
|  | <u> </u>                    |   |                 |                |   |                |                 |                                    |                 |            |  |
| . TEST DATA AND REQUE  | ST FOR A                    | LLOWA                                   | BLE             |                | L   |                |                 | 1                                  |                 |            |  |
| OIL WELL (Test must be after t   |                             |   | f load          | oil and must   | be equal to or                                | exceed top all | owable for this | depth or be j                      | for full 24 how | rs.)       |  |
| Date First New Oil Run To Tank Date of Test  |                             |   |                 |                | Producing Method (Flow, pump, gas lift, etc.) |                |                 |                                    |                 |            |  |
| Length of Test   | Tubing Pressure             |   |                 |                | Casing Pressu                                 | ге             |                 | Choke Size                         |                 |            |  |
| Actual Prod. During Test   | Oil - Bbls.                 |   |                 |                | Water - Bbls.                                 |                |                 | Gas- MCF                           |                 |            |  |
| GAS WELL   |                             |   | <del> </del>    |                |   |                |                 | 1                                  |                 |            |  |
| Actual Prod. Test - MCF/D  | Length of T                 | est                                     |                 |                | Bbls. Conden                                  | nte/MMCF       |                 | Gravity of C                       | Condensate      |            |  |
|  | -                           |   |                 |                |   |                |                 |                                    |                 |            |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)   |   |                 |                | Casing Pressure (Shut-in)                     |                |                 | Choke Size                         |                 |            |  |
| I. OPERATOR CERTIFIC   |                             |   |                 | ICE            | (   |                | ISFRV           | ATION                              | DIVISIC         | N          |  |
| 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   |                             |   | _ ======        |                | Date  | Approve        | d               |                                    | $\sqrt{-2}$ 19  | 93         |  |
|  | /                           |   |                 |                |   | , ippiove      |                 |                                    |                 |            |  |
| Signature  |                             | ·                                       |                 |                | By_   |                | SIGNED S        |                                    | EXTON           |            |  |
| Joe R. Dawson  | Vio                         | ce Pre                                  |                 | nt             |   | DIS            | TREAT I SU      | 7.777 778                          |                 |            |  |
| Printed Name 5-26-93   | 911                         | 5-699 <b>-</b> :                        | Title<br>7444   |                | Title   |                |                 |                                    |                 |            |  |
| 5-26-93<br>Date  | 313                         |   | hone N          |                |   |                |                 |                                    |                 |            |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.