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Appropriate District Office
DISTRICT 1
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

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

DISTRICT III

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Operating Company	1000 Rio Brazos Rd., Aztec, NM 87410  I.					ABLE AN							
Address   P. O. Box 403, Middland, Texas 79702		TO TRANSPORT OIL AND NATURAL GAS							Well API No.				
P. O. BOX 403, Middland, Texas 79702  Reaconfolion Filing (Cack proper box) Now Wall Change in Greater College box Condenses College in Operator College in Operator College in Operator College in Operator Condense in Operator Condense in Operator Condense in Operator Condense in Operator College in Operator Condense in Condense		ompany								30-025-2	4509 V		
Reacongloid Filing (Caret proper loss)   Change in Transporter of   Strong   Change in Transporter of   Strong   Change in Operator   Canaghand Gas   Condensate   Effective June 1, 1993	1	land, T	exas 7	79702	<u>!</u>								
Recompletion	Reason(s) for Filing (Check proper box)			***************************************			Other (Pleas	e explain	)				
Campe in Operator   Campbeed On   Condenses   Interest Office System   Campbeed On   Condenses   Campeter of previous operator		0:1				1 _							
If Change of Operator give name and ackines of previous operators						Ef:	fective	• June	<b>1</b> , 1	993			
Lease Name   State	If change of operator give name												
Lease Name   New Mexico M   State   State   Langlia Federal State   Langlia Mattix Seven Rivers   State   Langlia Federal State   Langlia Mattix Seven Rivers   State   Langlia Federal State   Langlia Mattix Seven Rivers   State   Langlia Federal State   Langlia Federa	IL DESCRIPTION OF WELL	AND LE	ASE										
Location   Character   County   Count	Lease Name	Well No. Pool Name, Include					1				P. L. dan P.		
Unit Letter    Unit Letter	L		54	I	_		seven R	ivers	State	redeal or re	В	-934	
Section   19   Township   225   Range   37E   NMPM,   Lea   County		. 144	0			_	l ine and	2570	-	eet Emm The	East	Line	
Name of Ausborind Transporter of Oil Oil Oil Oil On Address (Give address to which approved copy of this form is to be seast)  FOTE Energy Corporation  FOTE Energy Corporation  FOTE Energy Corporation  FOTE Energy Corporation  Total Transporter of Oil		- •		. 100 11		_							
Name of Authorized Transporter of Oil	Section 19 Townshi	, 22S	- <del>, </del>	Range	37.	E	NMPM,	I	ea			County	
Name of Authoritzed Transporter of Casingheed Gas TERROR EXPL. 8 Prod. 7, Inc.  If well produces oil or liquids, If well produces of the liquids oil		SPORTE	R OF O	IL AN	D NAT								
Name of Authorized Transporter of Casinghead Gias	Name of Authorized Transporter of Oil		or Conden	sate									
Text   Prod.   Trec.   Prod.   Trec.   Prod.   Trec.   Prod.   Production is required.   Unit   Sec.   Trep.   Rgs.   Is gas actually coenceted?   When 7   12-4-73													
Tibis production is commissified with that from any other lease or pool, give commissified or number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Speakfeed  Date Compt. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shore  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (Itest ment 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  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Actual Frod. Test - MCF/D  Length of Test  Casing Pressure  Choke Size  Oil - Bbis.  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Title  Title  Title	· -					P. O.	. Box 3	000,					
This production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  D. TEST DATA AND REQUEST FOR ALLOWABLE  D. TEST DATA AND REQUEST FOR ALLOWABLE  D. THE ST DATA AND REQUEST FOR ALLOWABLE  D. Date of Test  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Gas. WELL  Actual Frod. Test - MCF/D  Length of Test  D. Length of	If well produces oil or liquids, give location of tanks.							ted?	When		·73		
Designate Type of Completion - (X)  Date Speeded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Depth Casing Spoe  Depth Casing Spoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (Test must be after recovery of total volume of load oil and must be aqual to or exceed top allowable for this depth or be for full 24 hours.)  Date Firs New Oil Run To Tank  Date of Test  Casing Pressure  Choke Size  Case MCF  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Bills. Condensate/MMCF  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and orgulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledges and belief.  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT 1 SUPER VISOR  Title  Title		1		L				<del></del>					
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  Depth Casing Soce  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (I est 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 fall 24 hours.)  Date Fire New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Water - Bbls.  Gas- MCF  Gravity of Condensate  Actual Prod. Test - MCF/D  Length of Test  Bills. Condensate/MMCF  Gravity of Condensate  Oil - Bbls.  Condensate/MMCF  Oravity of Condensate  Oil CONSERVATION DIVISION  Division have been compiled with and that the information given above is true and compiled to the best of my knowledge and belief.  Signsfuture  Joe R. Dawson  Vice President  Title  Title	IV. COMPLETION DATA									1			
Date Spadded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  TOBERT DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (It at 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  Date of Test  Date of Test  Casing Pressure  Choke Size  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Actual Prod. Test - MCF/D  Length of Test  Bibls. Condensate/MMCF  Gravity of Condensate  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signstance  Joe R. Dawson  Vice President  Title  Title  Title	Designate Type of Completion -	- (X)	Oil Well	0	Gas Well	New Wo	ll Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
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TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  SACKS	vations (DF, RKB, KI, GR, etc.) Name of Producing Formation					1 op Oiv G	Top On Oas Fay				I mote to the transfer of the		
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7. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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  Date of Test  Producing Method (Flow, pump, gar lift, etc.)  Casing Pressure  Choke Size  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Oil - 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 rue and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	HOLE SIZE										SACKS CEMENT		
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DIL 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  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gravity of Condensate  Choke Size  Choke Size  Choke Size  Oil OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title										<del> </del>			
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Casing Pressure  Water - Bbls.  Gas - MCF  Gravity of Condensate  MCF  Gravity of Condensate  Choke Size  Casing 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 completed with and that the information given above is true and complete to the best of my knowledge and belief.  Signsture  Joe R. Dawson  Vice President  Printed Name  Title  Title  Title	V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
Length of Test  Casing Pressure  Casing Pressure  Choke Size				of load o	il and mu	st be equal to	or exceed to Method (Flo	op allowa ow. pump	ble for thi eas lift. e	s depth or be j sc.)	or full 24 hou	<i>rs.)</i>	
Tubing Pressure   Casing Pressure	Date Phat I we work to hank	Date of Tes	<b>4</b>										
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing 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  Joe R. Dawson  Vice President  Printed Name  Title  Bbls. Condensate/MMCF  Gravity of Condensate  Choke Size  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title	Length of Test					Casing Pre					Choke Size		
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Condensate/MMCF  Choke Size  Condensate/MMCF  Choke Size  Condensate/MMCF  Condensate/MMCP  Condensate/MMCP  Condensate/MCP  Condensate/MCP  Condensate/MCP  Condensate/MCP  Condensa	Actual Prod. During Test					Water - Bt					Gas- MCF		
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  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.  Date Approved  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title										<u> </u>			
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  Joe R. Dawson  Vice President  Title  Title  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title	GAS WELL												
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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  Joe R. Dawson  Vice President  Title  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pre	Casing Pressure (Shut-in)						
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.  Date Approved    Date Approved	sound around (pass) seem p. y		`	ŕ						<u> </u>			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title	VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE			ONIC		ATION I	טואופור	N	
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Signature Joe R. Dawson Printed Name  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT   SUPERVISOR  Title  Title	•					Da	te Annr	oved			11W -	Z 1995	
Signature  Joe R. Dawson Vice President  Printed Name  ORIGINAL SIGNED BY JERRY SEATORY  DISTRICT I SUPERVISOR  Title	0 1 /	1					ra whhii	UYGU					
Joe R. Dawson Vice President DISTRICT I SUPERVISOR Printed Name Title Title		441				By	ORIGIN	IAL SIG	NED BY	JERRY SE	иот и		
1 100	Joe R. Dawson	Vi			nt								
		91				Titl	e						

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

Date

- 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.

Telephone No.

- 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.