

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Zia Energy, Inc.		Well API No.
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"/>	Oil <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 BJ	Well No. 1	Pool Name, Including Formation Southwest Euncie San Andres	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 17 Township 22 South Range 37 East , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210	
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 3000, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 17
	Twp. 22 S	Rge. 37 E
	Is gas actually connected? Yes	
	When? 2/21/74	

If this production is commingled with that from any other lease or pool, give commingling order number:

DHC-714

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/1/70	Date Compl. Ready to Prod. 7/14/70		Total Depth 3900'		P.B.T.D. 3893'			
Elevations (DF, RKB, RT, GR, etc.) 3371' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3812'		Tubing Depth 3850'			
Perforations 3812'-3863' 9 holes					Depth Casing Shoe 3900'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		335'		225 sacks- circulated			
7 7/8"	5 1/2"		3900'		400 sacks			

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	Date of Test 1/6/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 36.9 bbls.	Oil - Bbls. 4.9 bbls	Water - Bbls. 32 bbls	Gas- MCF 11.2

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 M. F. Nelson  
M. F. Nelson Engineer  
Printed Name  
2/1/89 505-393-2937  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 03 1989  
By Paul Kautz Orig. Signed by  
Geologist  
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.