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

State Few 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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							t	API No.			
Zia Energy, Inc	•						30-	025-260	14		
Address											
P.O. Box 2219,	Hob	bs, NM	8824	1-2219							
Reason(s) for Filing (Check proper box)					Othe	er (Please explo	in)				
New Well		Change in Transporter of:									
Recompletion	Oil	닏	Dry G								
Change in Operator	Casinghead Gas X Condensate										
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	A S F									
Lease Name	TRIVE ENER	Well No. Pool Name, Includir					Kind	of Lease	Lease No.		
New Mexico 'M' State		48 Blinebry,			Tubbs,	Drinkard	State,	State, PENOCH MXXXX		B-934	
Location											
Unit Letter D	: 6	60	Feet Fi	rom The N	orth Line	and	560 Fe	et From The	We:	stLine	
	20.0		Range 37 E NMPM,					T - 4		5	
Section 17 Township	, 22 S		Range	37 E	, NI	ирм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Sculock Permie						·					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 201 Main St., Fort Worth, TX 76102					eni)	
Sid Richardson Carbon & Gasoline Co. If well produces oil or liquids, Unit Sec. Twp. Rge											
give location of tanks.	I b	· · · · · · · · · · · · · · · · · · ·			Yes	, williamen (1 44 19611	11/01/91			
If this production is commingled with that	from any oth	er lease or	pool, gi	ve comming!	ing order numb	er: DHO	C-688 &				
IV. COMPLETION DATA		_,			· · · · · · · · · · · · · · · · · · ·		·		<u> </u>		
Designate Type of Completion	. (Y)	Oil Well	- ! '	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		l Dandu to			Total Depth	L	l	DDTD	L	<u> </u>	
Date Spudded	Date Comp	d. Ready to	riud.		- Com Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								,			
Perforations					Depth Casing Shoe						
	· · · · · · · · · · · · · · · · · · ·	1100.0	O	NO AND	CELICATION	IC PECOP		<u> </u>			
TUBING, CASING AND					DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE				SIZE		DEPIN SEI		SACKS CEMEIN			
								 			
V. TEST DATA AND REQUES							11.6.41	. 4	4.11 9.4 have	1	
OIL WELL (Test must be after re	 		of load	oil and musi		exceed top allow thod (Flow, pu			or juli 24 nou	73.)	
Date First New Oil Run To Tank	Date of Ter	s t			Producing Me	uiou (riow, pu	mp, gas iyi, e	<i>ic.</i> /			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
Denger of 102	Tubing Freduction										
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								A	75 C		
Sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	L							<u> </u>			
VI. OPERATOR CERTIFIC				NCE	(DIL CON	ISFRV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation						, L O O I '			-		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D = 4 =	A	ل م	tilli	L to in-	ł	
and all the state of the state					Date	Approve	u				
1 1 1							ALAN LIMPL T	W IMABY C	2Y**		
Signature					By	ORIGINAL	MONED A	প্রেছি স্প ী ভিন্তু√য়েকসাল	E ^	 	
Signature D.E. Bratton Engineer					DISTRICT I SUPERVISOR						
Printed Name			Title		Title						
11/05/91		505-39									
Date		Tele	phone N	40 .	11						

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.