

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Zia Energy, Inc.
Address P.O. Box 2219 Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☒ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico M State</u>	Well No. <u>48</u>	Pool Name, including Formation <u>Tubb R-8667</u>	Kind of Lease <u>6/1/88</u>	Lease No. <u>B-934</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>22 South</u> Range <u>37 East</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian</u>	<u>P.O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing Inc.</u>	<u>P.O. Box 1650, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>P 18 22S 37E</u>	<u>Yes 9/1/78</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-688

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.

DE Bratto
(Signature)

Engineer

(Title)

3/23/88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 24 1988, 19

BY Orig. Signed by Paul Kautz Geologist
TITLE

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v.	Diff. Res XX
Date Spudded 7/14/78	Date Compl. Ready to Prod. 11-20-87		Total Depth 6730		P.B.T.D. 6675				
Elevations (DF, RKB, RT, GR, etc.) 3416' RKB	Name of Producing Formation Tubb		Top Oil/Gas Pay 6084'		Tubing Depth 6606'				
Perforations 6095-6227 (19 Holes)						Depth Casing Shoe 6721'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8 24#		1072'		620 (Circ)			
7 7/8		5 1/2 14# & 15.5#		6721'		1615 (Circ)			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-4-87	Date of Test 12-4-87	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure 30 psi	Choke Size NA
Actual Prod. During Test .5	Oil - Bbls. .5	Water - Bbls. 0	Gas - MCF TSTM

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

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MAR 23 1988

OCN
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