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

## : 6 of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NSPC	ORT OIL	AND NA	TURAL GA	AS	BL XI		<sub>1</sub>		
Operator								PI No.				
Zia Energy, Inc.							30	-025-260	1.5			
Address	Hobbs,	NM 88	241_	2219								
P.O. Box 2219,  Reason(s) for Filing (Check proper box)	пороз,	NH OU		2217	Oth	er (Please expl	ain)					
New Well	(	Change in	Transpo	rter of:		•						
Recompletion	Oil		Dry Gar	, 🗆								
Change in Operator	Casinghead	Gas X	Conden	sale 🔲								
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL		SE					Vind.	of Lease	1.0	ase No.		
Lease Name	! '				ng Formation	Couthrio	S1-1-	<u> </u>	B-934			
New Mexico 'M' State	·-··	49	Euni	ce San	Andres	Southwes	5 L	<u> </u>	10-234			
Location	2	160		_	South	e and23	310	et From The	Eas	t Line		
Unit LetterJ	:		Feet Fro	om The	DOGETT LIM	e and	<u> </u>	et rioin The		<u> </u>		
Section 18 Township	22 S		Range	37 E	, NI	мрм,		Lea		County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil		or Conden	sale		Address (Giv	e address to w	hich approved	copy of thus for	m is to be se	nu)		
Sculark termiar								6.15.6				
Name of Authorized Transporter of Casing		, 🖂	or Dry	Gas	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Fort Worth, TX 76102							
	Sid Richardson Carbon & Gasoline Co.					y connected?	When		70102			
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp.   Rge.   22S   37E		1	es		When ?   11/01/91				
If this production is commingled with that f	<u> </u>			. <b>.</b>	<del></del>		C-753		<u></u>			
IV. COMPLETION DATA	10111 4217 0410				<b>-</b>							
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	same Res'v	Diff Res'v		
Designate Type of Completion	· (X)	İ	_ i _		İ	1	1	<u> </u>		<u> </u>		
Date Spudded	Date Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
					Top Oil/Gas	Das						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	rmation		Tob Othors	ray		Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe				
T CITO LLOND												
	77	JBING.	CASIN	NG AND	CEMENTI	NG RECOR	RD.					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
								ļ <u>-</u>				
TO THE PROPERTY OF THE PROPERT	T FOR A	LOWA	DIE					<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	I FUK A	LLUWA	ADLE Classic	il and must	he equal to as	exceed ton all	owable for thi	depth or be fo	r full 24 how	rs.)		
OIL WELL (Test must be after re  Date First New Oil Run To Tank	Date of Test		oj ioda o	ne unit musi	Producing Me	thod (Flow, pr	ump, gas lift, e	tc.)	·			
Date Little I.e. Oil Kuti 10 Jame	Date of Tex					•						
Length of Test	Test Tubing Pressure				Casing Press.	ire		Choke Size				
							G. NGE					
Actual Prod. During Test	od. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF					
					<u> </u>		<del>-</del>	<u> </u>				
GAS WELL												
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Condensate/MMCF			Gravity of Condensate				
								Chuka Siza				
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-	in)		Casing Press.	ire (Shut-in)		Choke Size				
	L				\			<u> </u>				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE			JOERY	ATION E	NVISIO	N		
I hereby certify that the rules and regula	tions of the C	Dil Conserv	ation				VOLITY!	ATTOTAL		· / i		
Division have been complied with and t is true and complete to the best of my k	hat the inform	nation give I belief	n above			Ā						
is true and complete to the best of my k	HOWIEGRE WIN	i dener.			Date	Approve	ed					
AS K H	•						والمعارف المساري الراران	my ranv	SEYTON			
Signature	<b></b>				By_		AL MARKET	EY JERRY I	SEVION			
Signature D.E. Bratton		E	ngine	eer		?	· 据 ( 學 、) 。	φ., 1 .4.¥13 <b>∪</b> 1				
Printed Name		05 00	Title	. 7	Title							
11/01/91		05-39	3 – 293 phone N									
Date		leie	pnone N	w.	H							

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.

Submit 5 Copies
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## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTRA	ANS	POHI	ÇIL	ANU NA	TURAL G	<u> </u>	Wai .	ADI NA				
Operator Zia Energy, Inc.									30-025-26015					
Address					002/	.0								
P. O. Box 221 Research(s) for Filing (Check proper box	9 Hobbs	, New	Мех	cico i	8824	Out	er (Please expl	lain)			<del></del>			
New Well	•	Change is	Trans	sporter of	f:									
Recompletion	Oil		Dry		$\Box$									
Change in Operator	Casinghe	d Gas X	Con	denmie	<u>ų</u>									
f change of operator give name and address of previous operator											······			
I. DESCRIPTION OF WEL	L AND LE							<del></del>			<del></del> -			
Lease Name New Mexico "M" St	Well No. Pool Name, Including 49 Eunice San				Andres Southwest				of Lease PRAMERIES		<b>34</b>			
Location Unit LetterJ	:21	160	_ Feet	. From Ti	s <u>s c</u>	outh Lie	e and	) .	F	et From The	east	Line		
	nhip 22 sou							4.				<b>Ct</b>		
Section 18 Town							Mrm.	1364			····	County		
Name of Authorized Transporter of Oil	<u>×</u>	or Conde				Address (Giv	e address to w	hich ap	proved	copy of this j	form is to be a	ml)		
Name of Authorized Transporter of Car	daghed Car	(X)	~ D	ry Gas [		Address (Cl	e address to w	<b>Lick</b> 4-		come of this t	form is to be a			
El Paso Natural Gas		لقبا	D	., (			Box 1492					/		
If well produces oil or liquids,	Unit	Sec.	Twp		Rge.	s. Is gas actually connected?				nea ?				
rive location of tanks.	P	18_	1229		7E	<u> </u>	Yes			12/1/9	90			
f this production is commingled with the V. COMPLETION DATA	at from any oth	er lease or	pool,	give com	wningl	ing order num	ber:							
Designate Type of Completion	n - (X)	Oil Well		Gas W	'ell	New Well	Workover	De	spea	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	o Prod	<b>L</b>		Total Depth	<u>[</u>	J		P.B.T.D.	<u> </u>	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe				
		TIDING	CAS	SING A	ND	CEMENTI	NG RECOR							
HOLE SIZE		SING & TI			MIND	CEMENTI	DEPTH SET			1	SACKS CEM	FNT		
HOLE OILE	HOLE SIZE CASING B 10													
							<del></del>			ļ				
/. TEST DATA AND REQUI	EST FOR A	LLOW	ABL	E		L				1				
IL WELL (Test must be after					i must	be equal to or	exceed top all	owable	for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Rua To Tank	Date of Te	et .				Producing M	sthod (Flow, pa	ичр, да	s lift, e	tc.)				
ength of Test	Tubing Pre	Tubing Pressure					ıre		Choke Size					
	1001115	Tuoing Trossic												
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.					:		Gas- MCF					
GAS WELL										<u> </u>				
Actual Prod. Test - MCF/D	Length of	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFI  1 hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	pulations of the and that the info	Oil Conser	vation	1			OIL CON							
Farris T.	Woon	·					••					/N		
Signature Farris Nelson		En	gine	eer	_	RA-	<u> </u>			<del></del>		<del></del>		
Printed Name 11/28/90		5-393-	Title	)		Title				<del></del>	·			
Date		Tele	ephone	No.					_					

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