Submit 5 Copies
Appropriate District Office
DISTRICT I
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 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRAI	NSPORT O	L AND NA	ATURAL G					
Operator Pacific Enterprises Oil Company (USA)						Well	API No.			
Address Pacific Enterpr	ises Oi	1 Compa	ny (USA)		·····					
10 Desta Dr., S	Suite 50	0 West.	Midland,		79705	·				
Reason(s) for Filing (Check proper box) New Well		Change in T	ransporter of:		her (Please expl	•				
Recompletion Oil Dry Gas					Change of operator name from Terra Resources, Inc.					
Change in Operator	Casinghea	d Gas 🔲 (	Condensate	E	erra Resc Efective	Durces, Date: A	oril 24.	1989		
If change of operator give name and address of previous operator	N/A									
II. DESCRIPTION OF WELL	AND LEA	ASE			-					
Lease Name	ling Formation		Kind	Kind of Lease No.						
State 23 Com		2	Antelope	Ridge Atoka			Federal or Fee			
Location	100	10								
Unit LetterF	_ :198	<u> 5U F</u>	eet From The	North Li	ne and1980	) F	et From The	West	_Line	
Section 23 Townsh	ip 23S	R	lange 34F	, N	МРМ,	Lea_		c	unty	
III. DESIGNATION OF TRAN	JCDADTE	D OE OH	A NITS NI A CET	IDAT CAC						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Koch Services, Inc.	P.O. Box 1558 Breckenridge TV 76024									
Name of Authorized Transporter of Casin Gas Company of New Mex	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	ell produces oil or liquids, Unit Sec. Twp. Rge				P.O. Box 26400, Albuquerque, N.M. 87125  Is gas actually connected?   When?					
give location of tanks.	F	23	23S   34F	Ye	S		10-21-	79		
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or po	ol, give comming	ling order num	ber:					
1		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Backs - Digr	, D. a.l.a.	
Designate Type of Completion	- (X)	İ		1	WOIROVE	Dapin	Flug Dack	Same Res V   Dill	Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	<del></del>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	arne of Producing Formation			Top Oil/Gas Pay			I Tables David		
Perforations					7		Tubing Depth			
					·		Depth Casing Shoe			
	71	IBING C	A SING A NID	CENTRALITY	VC PECORI					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENT	DEPTH SET	<u> </u>	SACKS CEMENT			
							SHORE CEMENT			
				1						
7. TEST DATA AND REQUES							<u> </u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		oad oil and must					full 24 hours.)		
		Producing Method (Flow, pump, gas lift, etc.)								
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
Oli - Bois,				Water - Bola			11101			
GAS WELL	<del></del>								لــــــــــــــــــــــــــــــــــــــ	
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Condens	ate/MMCF		Gravity of Con	idensate		
	- ·									
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF (	COMPLI	ANCE							
I hereby certify that the rules and regulations of the Oil Conservation				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.				Date Approved JUN 6 1989						
1	•			Date	Approved	<del></del>	0011	0 1000		
Plate Will						~.m.	II CIVALIEN I	BY JERRY SEXT	ON	
Signature Robert Williams Accountant						<u>UKIGIN</u>	STRICT IS	UPERVISOR		
Printed Name		Tit	lc	Title_					•	
May 16, 1989 Date		915) 684 Telephor							<del></del>	

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.
- ) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 22 1989

OCD HOBBS OFFICE