| | rgy, Minerals and Na OIL CONSERV P.O. E | New Mexico Itural Resources Departme. ATION DIVISION Box 2088 Jexico 87504-2088 | Form C-104 Revised 1-1-89 See Instructions at Bottom of Page |
|---|--|--|--|
| I REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS | | | |
| Operator Zia Energy, Inc Address | | | Well API No. 30-025- 26457 🖌 |
| P. O. Box 2219, Hobbs, NM 88241 Reason(s) for Filing (Check proper box) Other (Please explain) | | | |
| New Well Recompletion Change in Operator | Change in Transporter of: Oil Dry Gas Casinghead Gas X Condensate | | |
| If change of operator give name and address of previous operator | | | |
| II. DESCRIPTION OF WELL Lease Name Grizzell "B" Location Unit LetterH | Well No. Pool Name, Includ 3 Drinkar | d | Kind of Lease Lease No. XXaYeXPEXeXaX & Fee East |
| Unit Letter H 1830 Feet From The North Line and 510 Feet From The East Line Section 8 Township 22 South Range 37 East NMPM, Lea County | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Shell Pipeline Con Name of Authorized Transporter of Casin Sid Richardson If well produces oil or liquids, give location of tanks. | ghead Gas X or Dry Gas Gasoline Co. Unit Sec. Twp. Rge. | Address (Give address to which ay 831 Sunrise Circl Address (Give address to which ay 201 Main St., For 1s gas actually connected? | pproved copy of this form is to be sent) e, Hobbs, NM 88240 pproved copy of this form is to be sent) t Worth, TX 76102 When? |
| If this production is commingled with that from any other lease or pool, give commingling order number: 4/1/93 IV. COMPLETION DATA R-1905 | | | |
| Designate Type of Completion | - (X) Oil Well Gas Well | New Well Workover De | epen Plug Back Same Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Cas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| V. TEST DATA AND REQUES | 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 Producing Method (Flow, pump, gas lift, etc.) | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |
| GAS WELL Actual Frod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| lesting Method (pilot, back pr.) | Tubing Pressure (Shul-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. | | OIL CONSERVATION DIVISION Date Approved | |
| Jarris Nolson | Jelson | By <u>ORIGINAL</u> | T I SUPERVISOR |
| Farris Nelson Printed Name 3/31/93 | President Title 505-393-2937 | Title | |
| Date | Telephone No. | | |

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.

RECEIVED MAR 8 ± 1993

ocd horbs office