

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BABER WELL SERVICING COMPANY		Well API No. 30-025-26492
Address P.O. BOX 1772 HOBBS, NM 88241		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
TO BE EFFECTIVE: JULY 01/1993		
If change of operator give name and address of previous operator SABA ENERGY INCORPORATED 508 PARKWOOD DR. MIDLAND, TX 79703		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal <input type="radio"/> or Fee	Lease No. L-3680
Lease Name STATE "HL"	Well No. 1	Pool Name, Including Formation BRINNINSTOOL BONE SPRINGS	
Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 2 Township 23-S Range 33-E, NM PM, LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SCURLOCK PERMIAN CORP		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4648 HOUSTON, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> LLANO, INC.		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1320 HOBBS, NM 88241	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 2	Twp. 23S
		Rge. 33E	Is gas actually connected? Yes
When?			9/17/80
If this production is commingled with that from any other lease or pool, give commingling order number:			

IV. COMPLETION DATA				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)											
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/Gas Pay		Tizing Depth						
Perforations						Depth to Casing Shoe					
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					

V. TEST DATA AND REQUEST 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.	G/M - MCF

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

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.

Signature Sherry Wade  
SHERRY WADE PROD. CLERK  
Printed Name  
08/10/93 (505) 392-5516  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 13 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.