Submit 5 Copies
Appropriate District Office
DISTRICT I 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

County

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

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

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

Reason(s) for Filing (Check proper box)

New Well

Recompletion

REQUEST FOR ALLOWABLE AND AUTHORIZATION Ī. TO TRANSPORT OIL AND NATURAL GAS Operator Pacific Enterprises Oil Company (USA) Address

Change in Transporter of:

Range

Well API No. 10 Desta Dr., Suite 500 West, Midland, Texas X 79705 Other (Please explain)

Lea

Change of operator name from Dry Gas Terra Resources, Inc. Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Effective Date: April II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. Supron 14 Fed Com State, Federal or Fee Antelope Ridge-Atoka Location NM15035 Unit Letter ___K :_ 1980 Feet From The West Line and 1980 Feet From The South _Line

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) X Koch Services, Inc Box 1558, Breckenridge, P.O. TX Name of Authorized Transporter of Casinghead Gas 76024 or Dry Gas 🔲 Address (Give address to which approved copy of this form is to be sent) Paso Natural Gas Co P.O. Box 1492 If well produces oil or liquids, give location of tanks. El Paso TX 79978 Unit Sec. Twp. Rge. Is gas actually connected? When? K 14 123S 34E Yes 11-1-80 If this production is commingled with that from any other lease or pool, give commingling order number:

, NMPM.

34E

Township 23S

Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to Pro	_l	Total Depth		<u> </u>	<u> </u>	<u> </u>		
	1			Journ Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas F	ay		Tities			
Perforations							Tubing Depth			
Horadons							Depth Casing Shoe			
		UBING, CA	SING AND	CEMENTIN	IG RECORT	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
								AONS CEME	INI	

(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.) OIL WELL

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 Water - Bbls. Oil - Bbls. Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, 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 Robert Williams Accountant Printed Name Title May 16, 1989 (915)684-3861 Date Telephone No

Date Approved ____

JUN 6 1989

ORIGINAL SIGNED BY JERRY SEXTON By___ DISTRICT I SUPERVISOR Title_

OIL CONSERVATION DIVISION

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
- 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 2 2 1989 OCD HOBBS OFFICE Submit 5 Copies
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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		<u> 10 IR</u>	<u>ANSP</u>	ORTO	IL AND NA	TURAL C	3AS				
Operator Pacific Enterpr	(USA)	Well API N									
Address 10 Desta Dr., S		_		a1 a	m	70705					
Reason(s) for Filing (Check proper box)	ource or	o west	- P110	атапа,		79705 her (Please exp	olais)				
New Well		Change i	n Transp	orter of:		•	•		_		
Recompletion	Oil		Dry G		C) m.	nange or	operat	or name	from		
Change in Operator	Casinghe	nd Gas	Conde		16 E f	erra Res	ources,	Inc.	1000		
If change of operator give name and address of previous operator	N/A					Tecrive	Dare:	April 24	1989		
II. DESCRIPTION OF WELL	AND LE	ASE								· · · · · · · · · · · · · · · · · · ·	
Lease Name	ame, Includ	ding Formation			of Lease	1 1	ease No.				
Supron 14 Fed Com		1	Ant	<u>elope</u>	Ridge Mo	rrow	Stat	ederal or Fe			
Unit Letter K	_ :_ 1980)	_ Feet Fr	om The _	West Li	e and19	980	Feet From The	South	Line	
Section 14 Townsh	ip 23S		Range	34E	, N	мрм,	- 	Lea		County	
III. DESIGNATION OF TRAN	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conder	isate	X	Address (Giv	e address 10 w	hich approve	d copy of this f	orm is to be se	ent)	
Koch Services Inc.		P.O. Box 1558, Breckenridge Tx 76024									
Name of Authorized Transporter of Casin			or Dry	Gas X	Address (Giv	e address to w	rhich approve	d copy of this fi	orm is to be se	int)	
El Paso Natural Gas Co			· 	-,	P.O. Bo	ox 1492	El Pas	o, TX 799	978		
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rge					n ?			
<u></u>	K	_14	L23 <u>\$</u>	1 34F.	Yes			11 <u></u> 1-	-80		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling order numb	жег:					
Designate Type of Completion	- (X)	Oil Well] 0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth		_l	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	Pay		Tubing Depth			
Perforations					l			Depth Casing Shoe			
	· · · · · · · · · · · · · · · · · · ·										
LIOUP OUR					CEMENTIN		D	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 										
		 .			· · · · · · · · · · · · · · · · · · ·			ļ	· · · · · · · · · · · · · · · · · · ·		
		·				·	*				
V. TEST DATA AND REQUES OIL WELL (Test must be after re											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		f load oil	and must	be equal to or e Producing Met	exceed top allo	wable for thi	depth or be fo	or full 24 hours	s.)	
	Date of Tex				r roomering refer	ilou (Flow, pie	mp, gas iyi, e	<i>ic.)</i>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Water - Bbls.	-·····································		Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure	(Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	TE OF (COMPI	TANC	F							
I hereby certify that the rules and regulat					0	IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and the	OIL CONSERVATION DIVISION JUN 6 1989										
is true and complete to the best of my kr	nowledge and	belief.		ļ	Data	Approved	1	JUN	U IJQ	Ø	
Rot-Will	-				Dale	hhiovec				EVTON	
Signature					Ву		ORIGINA	L SIGNED B	A DEKKA 21		
Robert Williams			D	STRICT I SU	PEKAISON						
Printed Name			itle		Title_						
May 16, 1989 Date		715) 6 Teleph	84 <u>-38</u> one No.	61_		,	•				

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