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

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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. J.C. Williamson 30-025-26848 P.O. Box 16 Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Curry State State, Federal or Fee Antelope Ridge Bone Spring, W. L-4804 Location 660' Unit Letter _ __ Feet From The __North_Line and __ 660' _ Feet From The ___ 22 23-S 34-E Section Township Range , NMPM, Lea 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) Lantern Petroleum Corp. P.O. Box 2281 Midland, Texas 79702 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Delaware Natural Gas Company , Inc. 9111 Jollyville Rd. #215 Austin, Tx. 78759 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. A 22 23 34 01-17-89 yes 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. Top Oil/Gas Pav Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Actual Prod. During Test Oil - Bbls. Water - Bbis. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JAN 2 5 1989 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 _ Orig. Signed by Paul Kautz Signature Jan Pfister production

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

(915) 682-1797

Printed Name

Date

01-18-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

 $\mathsf{Title}_{\mathtt{-}}$

Geologist

All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.

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