	<b>ء</b>								
Submit 5 Copies Appropriate District Office DISTRICT 1		Energy, M	State of linerals and N	New Mexica atural Resou	•	nent			
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210		OIL C	ONSERV P.O.	DN		at Bottom of Page			
DISTRICT III		Sar	nta Fe, New 1		04-2088				
1000 Rio Brazos Rd., Aztec, NM 87410			OR ALLOW						
Operator Mid-Continent Energy						Well	API No. -025-2688		
Address							-025-2088	57	
401 S. Boston, Suite Reason(s) for Filing (Check proper box)	3400,	Tulsa,	Oklahoma	74103-4	071 her (Please exp	lain)			
New Well	Oil		Transporter of: Dry Gas		ive 01-0	·			
Change in Operator	Casinghea	_	Condensate			1-94			
and address of previous operator									
II. DESCRIPTION OF WELL Lease Name	AND LEA	· · · · · · · · · · · · · · · · · · ·	Pool Name, Inclu	ding Formation		Kind	of Lease	Lease No.	
Adobe Federal		1	Antelope		rawn		Federal or Fee	NM-13641 (PT)	
Unit LetterG	_ :16	50	Feet From The _	North Li	ie and198	80 F	eet From The _	NM-13838 (PT) East Line	
Section 15 Townshi	<b>p</b> 23	S I	Range 34E	, N	MPM, Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII		URAL GAS					
Name of Authorized Transporter of Oil Koch Services, Inc.	orized Transporter of Oil or Condensate							rm is to be sent)	
Name of Authorized Transporter of Casing				Address (Gi	BOX 1558 we address to wi	, <u>Brecke</u> hich approved	enridge, TX 76024 d copy of this form is to be sent)		
Sid Richardson Gasol: If well produces oil or liquids, give location of tanks.	<u>ine Co.</u> Unit	Sec.	Twp. Rge	201 Main Street, Fort Worth, TX 76102     Rge. Is gas actually connected?     When ?					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or po	ool, give commin	gling order num	ber:	L			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Comp	I. Ready to F	Prod.	Total Depth		<b>A</b>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	F, GR, etc.) Name of Producing Formation				Pay		Tubing Depth		
Perforations					Depth Casing Shoe				
	1		CASING ANE	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUES	TEODA								
OIL WELL (Test must be after re	covery of tol	al volume of						full 24 hours.)	
Date First New Oil Run To Tank	Date of Tes	t		Producing M	thod (Flow, pu	mp, gas lift, e	tc.)		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL	•			- I			·	]	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/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				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 DEC 1 4 1993					
Signature / ack E Han		By_		NAL SIGN	ED BY JERR'	Y SEXTON			
Jack E. Harris	Engineer üle	DISTRICT I SUPERVISOR							
Title Title   12-8-94 918-587-6363   Date Telephone No.									
		Telebu		11					

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 filled for each pool in multiply completed wells.

Submut 5 Copies Appropriate Listing Office <u>DISTRICT 1</u> F.O. Box 1980, Hobbs, NM 88240

## DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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

## side of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form (-104 kevised 1-1-89 See Instructions at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

1	TOTE	RANSPORT O		TURAL G	AS				
Operator						API No.			
Mid-Continent Energ	y, Inc.				30	-025-26	887		
Address 401 S. Boston Suit	0 2400 Tulo	- 01.1 - h -	74700 44				······································		
401 S. Boston, Suite Reason(s) for Filing (Check proper box)	e 3400, 1015	a, Uklanoma	/4103-40	) /   her (Please expl					
New Well		in Transporter of:	—	-					
Recompletion	Oil [	🗌 Dry Gas 🗌	Effect	ive 12-1	-93				
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name Established address of previous operator	storil Produc	cing Corpora	ation. 40		inois	Midland	TV 707	201	
				<u>o n. 111</u>	111015,	nuranu	<u>, TX 797</u>		
II. DESCRIPTION OF WELL		o. Pool Name, Inclu	ding Econotics						
Adobe Federal	1	Antelopa			Kind State	of Lease Federal of Fe	*   NM-1	3641 (PT)	
Location		<u> </u>	A de	Hrawn			! <u>NM</u> ]	<u>3838 (PT)</u>	
Unit LetterG	. 1650	Feet From The	North Lin	e and 1980	. <b>F</b>	et From The	East	Line	
Section 15 Townshi	in: 235				* `				
Section 5 Townshi	<u>10 233</u>	Range 34E	, N	мрм, Lea	<u>a</u>			County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	or Cond			e address to wh	ich approved	copy of this j	orm is so be s	ent)	
Sun Refining & Manuf		The Thom	2415	East High	nway 80	. Midlar	d. TX 7	5901	
Name of Authorized Transporter of Casin		or Dry Gas	Address (Giv	e address so wh	ich approved	copy of this j	copy of this form is to be sent)		
Sid Richardson Gasol	Unait Sec.			<u>ain Stree</u>			<u>    TX    76</u>	102	
give location of tanks.		Twp. Rge.	ls gas actualiy	y connected?	When	?			
If this production is commingled with that	from any other lease o	r pool, give comming	ling order num	DET:			· _ · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA						<u> </u>			
Designate Type of Completion	Oil We	II Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready (	to Prod	Total Depth	L		l	L		
	Date Compt. Ready		100 Debra			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Formation	Top Oil/Gas I	ay		Tubing Dep	•••		
		-		The state of the s					
Perforations				Depth Casing Shoe					
	TIDNIC	CACINIC AND							
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				<u> </u>				
			DEPTH SET	<b></b>	SACKS CEMENT				
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							· · · · · · · · · · · · · · · · · · ·		
V TEET DATA AND DEOLIEC	T DOD ALL OW	4.8.4				İ			
V. TEST DATA AND REQUES OIL WELL (Test must be after re			he south as	•					
Date First New Oil Run To Tank	ecovery of total volume	oj loga ou ana musi	Producing Me	inod (Flow, pun	vable for this	depth or be f	or full 24 how	rs.)	
			, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , ,	φ, εω .y., c	/			
Length of Test	ngth of Tes. Tubing Pressure			re		Choke Size			
Actual Brad During Terr			Water - Bbis						
Actual Flot During Test	uctual Prod. During Test Oil - Bbls.					Gas- MCF			
GASWELL	<u></u>	·····	1						
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condens						
			Bois. Concens			Gravity of Condensate			
esting Method (puot, back pr.) Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFICA	ATE OF COMP	PLIANCE						J	
I hereby certify that the rules and regulat	O	IL CON	SERVA		DIVISIO	N			
Division have been complied with and the is true and complete to the best of my kn	NOV 2 9 1993								
			Date .	Approved		00 13	50		
Jack ZHar	un		_						
Jack E. Harris P	Production En	ngineer	ByORIGINAL SIGNED BY JERRY SEXTON				<u> </u>		
Printed Name		Title	<b></b>	Dt		UPERVISO			
11/24-93 9	918-587-6363		Title_		***				
Date	Tele	phone No.							

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