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

ergy, Minerals and Natural Resources Departr

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

10

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator  |                      |                               |                         |                           |  |                                  |                            | Well API No.                          |                 |             |  |  |
|---|----------------------|-------------------------------|-------------------------|---------------------------|--|----------------------------------|----------------------------|---------------------------------------|-----------------|-------------|--|--|
| Estoril Producing Corporation   |                      |                               |                         |                           |  |                                  |                            | 30-025-26887                          |                 |             |  |  |
| Address   | i+a 160              | oo Midi                       | and T                   | ·v 7                      | 0701   |                                  |                            |                                       |                 |             |  |  |
| 400 W. Illinois, Su   | 1te 160              | JU, MIAI                      | and, I                  | λ /                       | 9701   | <del> </del>                     |                            |                                       |                 |             |  |  |
| Reason(s) for Filing (Check proper box)  New Well                                   |                      | <b>.</b>                      |                         | _                         | Other (Please exp  | plain)                           |                            |                                       |                 |             |  |  |
|   | 0.1                  | Change in T                   | •                       | ot:<br>XX                 |  |                                  |                            |                                       |                 |             |  |  |
| Recompletion  | Oil                  |                               | Ory Gas                 |                           |  |                                  |                            |                                       |                 |             |  |  |
| Change in Operator  | Casinghea            | id Gas 💹 🤇                    | Condensate              |                           |  |                                  |                            | · · · · · · · · · · · · · · · · · · · |                 |             |  |  |
| If change of operator give name and address of previous operator                    |                      |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
| II. DESCRIPTION OF WELL   | AND LE               | ASE                           |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
| Lease Name  | İ                    | Well No. Pool Name, Including |                         |                           |  |                                  |                            | Kind of Lease No.                     |                 |             |  |  |
| Adobe Federal   | 1                    | <u>Antelo</u>                 | pe R                    | lidge Strawn (Gas)        |  |                                  | State Federal or Fee 13838 |                                       |                 |             |  |  |
| Location  |                      |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
| Unit Letter G   | _ :16                | 550F                          | eet From 7              | The N                     | orth Line and 19   | 980                              | F                          | et From The                           | East            | Line        |  |  |
| Section 15 Townshi  | p 23S                | F                             | Range 3                 | 34E                       | , NMPM,  | Lea                              |                            |                                       |                 | County      |  |  |
| III DECICNATION OF TOAN   | ICDADTE              | D OF OU                       | ANDA                    | TA OPTETI                 | DAT CAC  |                                  |                            |                                       |                 |             |  |  |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil                      | SPORTE               | or Condensa                   |                         |                           |  |                                  |                            |                                       |                 | 41          |  |  |
| <i>α</i>  | , 🗀 ,.               |                               | ie 🔀                    | ]                         | Address (Give address to                                 | <b>wnicn а</b> рр                | rovea                      | copy of this f                        | orm is to be se | nt)         |  |  |
| Sun Referring &m  | rankeli              |                               |                         |                           |  |                                  |                            |                                       |                 | <del></del> |  |  |
| Name of Authorized Transporter of Casin   | _                    |                               | r Dry Gas               | XX                        |  | copy of this form is to be sent) |                            |                                       |                 |             |  |  |
| Sid Richardson Carb   |                      |                               |                         |                           | 201 Main Stree   |                                  |                            |                                       | TX 7610         | 12          |  |  |
| If well produces oil or liquids, give location of tanks.                            |                      |                               | wp.                     |                           | Is gas actually connected?                               | . !                              | When                       |                                       |                 |             |  |  |
| -   | G                    |                               | 23S                     | 34E                       | yes  |                                  |                            | 2-1-92                                |                 |             |  |  |
| If this production is commingled with that IV. COMPLETION DATA                      | from any oth         | er lease or po                | ol, give co             | mmingli                   | ng order number:   |                                  |                            |                                       |                 |             |  |  |
| Decision Total Control  | (3.5)                | Oil Well                      | Gas V                   | Vell                      | New Well   Workover                                      | Dee                              | pen                        | Plug Back                             | Same Res'v      | Diff Res'v  |  |  |
| Designate Type of Completion  |                      |                               |                         |                           |  |                                  |                            |                                       |                 | 1           |  |  |
| Date Spudded  | pl. Ready to Prod.   |                               |                         | Total Depth               |  |                                  | P.B.T.D.                   |                                       |                 |             |  |  |
| Elevations (DF, RKB, RT, GR, etc.)  | roducing Formation   |                               |                         | Top Oil/Gas Pay           |  |                                  | Tubing Depth               |                                       |                 |             |  |  |
|   |                      |                               |                         |                           |  |                                  | -                          |                                       |                 |             |  |  |
| Perforations  |                      | <u>-</u>                      |                         |                           | ·  |                                  |                            | Depth Casin                           | g Shoe          |             |  |  |
|   |                      |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
|   | T                    | UBING, C                      | ASING .                 | AND (                     | CEMENTING RECO   | RD                               |                            | <del></del>                           |                 |             |  |  |
| HOLE SIZE   | CASING & TUBING SIZE |                               |                         |                           | DEPTH SET  |                                  |                            | SACKS CEMENT                          |                 |             |  |  |
|   |                      |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
|   | 1                    | <del></del>                   |                         | -                         |  |                                  |                            |                                       |                 |             |  |  |
|   | 1                    |                               |                         |                           |  |                                  |                            | ;                                     |                 |             |  |  |
|   | i                    |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
| V. TEST DATA AND REQUES   | T FOR A              | LLOWAE                        | BLE                     |                           |  |                                  |                            | ·                                     |                 |             |  |  |
| OIL WELL (Test must be after re   | ecovery of to        | tal volume of                 | load oil an             | d musi l                  | pe equal to or exceed top al                             | llowable fi                      | or this                    | depih or be f                         | or full 24 how  | rs.)        |  |  |
| Date First New Oil Run To Tank  | Date of Tes          | 1                             |                         | ļ                         | Producing Method (Flow, p                                | ownp, gas                        | lift, e                    | tc.)                                  |                 |             |  |  |
|   |                      |                               |                         | -                         |  |                                  |                            |                                       |                 |             |  |  |
| Length of Test  | Tubing Pres          | ssure                         |                         | 1                         | Casing Pressure  |                                  |                            | Choke Size                            |                 |             |  |  |
| _   |                      |                               | :                       | Ž                         |  |                                  |                            |                                       |                 |             |  |  |
| Actual Prod. During Test  |                      |                               |                         | Water - Bbls.             |  |                                  | Gas- MCF                   |                                       |                 |             |  |  |
| -   |                      |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
| CACAWELL  | -                    |                               |                         |                           |  |                                  |                            | <del>.</del>                          | ···             | <del></del> |  |  |
| GAS WELL  | Tarmb : 67           | Pact                          |                         |                           | Du Carl Carl   |                                  |                            |                                       |                 |             |  |  |
| Actual Prod. Test - MCF/D   | Length of T          | cst                           |                         | !                         | Bbis. Condensate/MMCF                                    |                                  |                            | Gravity of C                          | ondensate       |             |  |  |
|   | Tuking De-           | ressure (Shut-in)             |                         |                           | Cosing Decomes (Chief in)                                |                                  |                            | Choke Size                            |                 |             |  |  |
| esting Method (pitot, back pr.)   | ssare (Snut-III)     |                               |                         | Casing Pressure (Shut-in) |  |                                  | CHORE SIZE                 |                                       |                 |             |  |  |
| 77  | <u> </u>             | GO) (77)                      |                         | <del></del> -             | Г  |                                  |                            | · · · · · · · · · · · · · · · · · · · |                 |             |  |  |
| VI. OPERATOR CERTIFICA  | ATE OF               | COMPL.                        | IANCE                   |                           |  | NOE                              | 21//                       | TION                                  |                 | ·K1         |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation             |                      |                               |                         | 1                         | OIL CONSERVATION DIVISION                                |                                  |                            |                                       |                 | 71 N        |  |  |
| Division have been complied with and the istrue and complete to the best of my keep | - 11                 |                               |                         |                           | FEB 05'92  |                                  |                            |                                       |                 |             |  |  |
| is true and complete to the best of my k  | nowicase and         | u ociici.                     |                         |                           | Date Approve   | ed                               |                            |                                       | J JL            |             |  |  |
| $C \circ O \circ $  |                      |                               |                         |                           |  |                                  |                            |                                       |                 |             |  |  |
| - woryn vla   |                      |                               | _                       | By _ ORIGINAL SIGNED      |  |                                  | V space -                  | ~                                     |                 |             |  |  |
| Signature Carolyn Dean Land Secreta   |                      |                               |                         | 1                         | By ORIGINAL SIGNED BY JERRY CEXTON DISTRICT I SUPERVISOR |                                  |                            |                                       |                 |             |  |  |
| Carolyn Dean Printed Name   |                      |                               | retary<br><sub>Ue</sub> |                           |  | n.r. !                           | 1 36                       | restaisOK                             |                 |             |  |  |
| 2-3-92  | 1                    | 915) 683                      |                         | 1                         | Title  |                                  |                            |                                       |                 |             |  |  |
| Date 2-3-92   |                      | 910) 08.                      |                         |                           |  |                                  |                            |                                       |                 |             |  |  |

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.