DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND GETICE  IRANSPORTER  GAS  OPERATOR  PROPATION OFFICE  Upotator	REQUES	CONSURVATION COME ISION TEOR ALLOWABLE AND RANSPORT OIL AND NATURA	Noim C-104 Supersedgy Old C-104 and C- Elfactive 1-1-65
Estoril Producing Address  400 W. Illinois # Reason(s) for filing (Check proper be New Woll Recompletion Change in Ownership	Change in Transporter of: OII Dry C	Other (Please explain)	
If change of ownership give name and address of previous owner.  II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including I		1.03.0 1.01
15	1 Antelope Ridge		om The east  Lea County
Name of Authorized Transporter of Continuous Aut	company Unit Sec. Twp. Rec. G 15 23S 34E	Address (Give address to which ap Address (Give address to which ap P.O. Box 26400 Is gas actually connected? Yes	proved copy of this form is to be sent)  proved copy of this form is to be sent)  When  6/81
V. COMPLETION DATA  Designate Type of Completi	on - (X)	give commingling order number:   New Well   Workover   Deepen	Plug Back   Same Resty, Diff, Resty
Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth Top O!I/Gas Pay	P.B.T.D. Tubing Depth
HOLE SIZE	TURNIG, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD  DEPTH SET	Depth Casing Shee  SACKS CEMENT
V. TEST DATA AND REQUEST F OH. WELL, Date Flist New Oil Bun To Tanks		fier recovery of total valume of land a gth or be for full 24 hours) Producing Mathod (Flow, pump, gas	oil and must be equal to or exceed top allow
Longth of Tout	Tubing Pressure	Casing Pressure	Choke Size
Actual Pred, During 7621	Oil-Bhla.	Water - Bbls.	Gua-MCF
GAS WELL, Actual Fred, Test-MCF/O  Testing kinthed (piter, back pr.)	Longth of Tost  Tubing Pressure (Shuk-in)	Ebla. Condensate/MMCF  Cauling Pressure (Shut-in)	Gravity of Condensate
T. CERTIFICATE OF COMPLIANCE			Choke Size

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above in true and complete to the best of my knowledge and belief.

(Signature)

(Tille)

(Data)

Production Supervi

7-27-87

OIL CONSERVATION COMMISSION

APPRO	OVED AUG 1 0 198/ , 19
DY	
***	ORIGINAL SIGNED BY JERRY SEXTON
TITLE	DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly diffied or despense well, this form muct be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All nections of this form must be filled out consideraly for allow this on new and is completed value.

Fift out only Sactions I. M. M. and VI for changes of owner will nome of much ir, or transporter, or other such change of available

10. OF COPIES RECE		1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANS! ON EN	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Estoril Pr	oduci	na	CO

7-15-86

(Date)

	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	4	AND NSPORT OIL AND NATURAL G				
	GAS						
	LAND OFFICE	-{					
	TRANSPORTER OIL	<u> </u>					
	GAS	_					
	OPERATOR	4					
I.	PRORATION OFFICE	<u> </u>					
	Estoril Producing Co.	rporation					
į	Reason(s) for filing (Check proper box		Other (Please explain)				
	New We!1	Office (7 fease explain)					
	Recompletion	Change in Transporter of: Oil Dry Ga	s 🔯				
	Change in Ownership	Casinghead Gas Conden	7 756 7 25 00	5			
	Change in Curieranip	Cashigheda Gas Conden	sale [ ] HITCCCIVC / 23 of				
	If change of ownership give name						
	and address of previous owner						
	DECEMBERATION OF WELL AND	* D.45D					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Adobe Federal	l Antelope Ridge		1 or Fee 13838			
	Location	Anterope radge	berawii (das)	13030			
		650	1000	Fact			
	Unit Letter G : 1	650 Feet From The <u>North</u> Lin	e and 1980 Feet From	The East			
	15 7	220 8 2	DATE NATING	County			
	Line of Section 15 To	waship 23S Range 3	34E , NMPM, ]	Lea County			
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S				
111.	Name of Authorized Transporter of Of		Address (Give address to which appro-	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)			
			P.O. Box 26400, Albuque	orono N.M. 97125			
	Gas Company of New Mex	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh				
	If well produces oil or liquids, give location of tanks.	G 15 23S 34E	Yes	6-4-81			
		<u></u>		V 3 V4			
**/		ith that from any other lease or pool,	give comminging order number:				
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.			
	Designate Type of Completi	on - (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	i i						
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			<u> </u>	<u>i                                     </u>			
v	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow			
٧.	OIL WELL	able for this de	epth or be for full 24 hours)	- ·			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas le	ift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	O11-Bbis.	Water-Bbis.	Gas-MCF			
	GAS WELL		Table Colonia and Ca	To			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			Casing Pressure (Shut-in)	Chake Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Bilde-In)	Choke Sike			
			<del> </del>				
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	ATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED				
			BY CRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
	above is true and complete to the	ne nest of my knowledge and belief.					
			TITLE				
			11	compliance with RULE 1104.			
	Becky Mionieron (Signature)		If this is a segment for allo	wahte for a newly drilled or deepens:			
DECKY MIDDLE			If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation				
	II ISELS LEVELI OU FILE MASS TO SECUL			ordance with RULE !!!.			
	Production Superviso	Or	All sections of this form m	ust be filled out completely for allow			
	(1	itle)	able on new and recompleted wells.				

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

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.