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| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | L_ |
| LAND OFFICE | | J | |
| TRANSPORTER | OIL | | L |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| | SANTA FE | REQUEST F | OR ALLOWABLE , | Supersedes Old (Effective 1-1-65 | C-104 and C-110 | | |
|--|--|--|--|---|---|--|--|
| - | FILE | AUTHORIZATION TO TRAN | AND | IDAL CAS | | | |
| - | U.S.G.S. | AUTHORIZATION TO TRAN | ISPORT OIL AND NATO | IKAL GAS | | | |
| ŀ | OIL | | | | | | |
| | TRANSPORTER GAS | | | | • | | |
| | OPERATOR | | | | | | |
| 1. | PRORATION OFFICE | | | | | | |
| | | | | | | | |
| | Estoril Producing | 5 001201001 | | | | | |
| llth Floor, Vaughn Bldg., Midland, Texas 79701 | | | | | | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explo | iin) | | | |
| | New Well | Change in Transporter of: Oil Dry Gas | X | • | | | |
| | Recompletion Change in Ownership | Casinghead Gas Condens | | · | Ì | | |
| l | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| | · | | | | | | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including For | | of Lease | Lease No. | | |
| | Belco Federal | 1 Antelope Ridge- | Strawn Gas Pool State | , Federal or Fee Federal | 13838 | | |
| | Location | | | _ | | | |
| | Unit Letter 0; 76 | 60 Feet From The South Line | and 1980 Fe | et From The <u>East</u> | | | |
| | Line of Section 15 Tow | mship 23S Range | 34E , NMPM, | Lea | County | | |
| | Line of Section 15 Tow | mship 23S Range | 344 | | | | |
| 11. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GAS | 3 | ich approved copy of this form is to | he sent | | |
| | Name of Authorized Transporter of Oil | or Condensate KX | Address (Give address to whi | | be semi) | | |
| | SOUTHERN UNION RE | EFINING unghead Gas or Dry GasXX | Lovington, New Mexico Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Southern Union Ga | | 1800 1st Internat | ional Bldg. Dallas. | TX 75270 | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | |
| | give location of tanks. | 0 15 23S 34E | Yes | March 7, 1 | 981 | | |
| | | th that from any other lease or pool, | give commingling order num | iber: | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover D | eepen Plug Back Same Res | v. Diff. Res'v. | | |
| | Designate Type of Completic | on = (X) | | l l | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | 1.00 3.1, 0.10 1.17 | | | | |
| | Perforations Depth Casing Shoe | | | | | | |
| | | | | | | | |
| | | | CEMENTING RECORD | SACKS CEM | ENT | | |
| | HOLE SIZE | CASING & TUBING SIZE | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | flood off and much be equal to or a | read top allow- | | |
| 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) | | | | | | |
| | OII, WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pu | mp, gas lift, etc.) | | | |
| | | | Casing Pressure | Choke Size | | | |
| | | | | | ı | | |
| | Length of Test | Tubing Pressure | Control of the control | | | | |
| | | | Water-Bbls. | Gas - MCF | | | |
| | Length of Test Actual Prod. During Test | Oil-Bbls. | | Gae - MCF | | | |
| | | | | Gas - MCF | | | |
| | Actual Prod. During Test GAS WELL | Oil-Bbis. | Water - Bbls. | Gas-MCF Gravity of Condensate | | | |
| | Actual Prod. During Test | | | | | | |
| | Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D | Oil-Bbls. Length of Test | Water - Bbls. | Gravity of Condensate | | | |
| | Actual Prod. During Test GAS WELL | Oil-Bbis. | Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in | Gravity of Condensate) Choke Size | | | |
| VI | Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) | Cil-Bbis. Length of Test Tubing Pressure (Shut-in) | Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in | Gravity of Condensate | | | |
| VI | Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN | Cil-Bbls. Length of Test Tubing Pressure (Shut-in) | Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in | Gravity of Condensate) Choke Size NSERVATION COMMISSIO | N | | |
| VI | Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and | CE regulations of the Oil Conservation with and that the information given | Bbls. Condensate/MMCF Casing Pressure (Shut-in OIL CON | Gravity of Condensate Choke Size NSERVATION COMMISSIO | N 19 | | |
| VI | Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and | Cil-Bbls. Length of Test Tubing Pressure (Shut-in) | Bbis. Condensate/MMCF Casing Pressure (Shut-in OIL COM APPROVED | Gravity of Condensate Choke Size NSERVATION COMMISSIO Orig. Signed by Orry Sexton | N 19 | | |
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| VI | GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to the | Cil-Bbls. Length of Test Tubing Pressure (Shut-in) ICE regulations of the Oil Conservation with and that the information given to best of my knowledge and belief. | Bbis. Condensate/MMCF Casing Pressure (Shut-in OIL CON APPROVED TITLE | Gravity of Condensate Choke Size NSERVATION COMMISSIO Orig. Signed by Orry Section Ost 12 Supz. filed in compliance with RUL | N 19 E 1104. | | |
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