

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

OIL CONSERVATION DIVISION

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

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

I.

Operator Zia Energy, Inc.	Well API No. 30-025-27185
Address P.O. Box 2219, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grizzell	Well No. 3	Pool Name, including Formation Eunice San Andres South west	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line Section 5 Township 22 South Range 37 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79703	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sid Richardson Carbon & Gasoline	Address (Give address to which approved copy of this form is to be sent) First City Bank Tower, Ft. Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 5
	Twp. 22S	Rge. 37E
	Is gas actually connected? Will be	When? 11/19/90

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded	Date Compl. Ready to Prod. PB 10/5/90		Total Depth 7500'		P.B.T.D. 4511'			
Elevations (DF, RKB, RT, GR, etc.) 3424' GR - 3438 RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3950'		Tubing Depth 3900'			
Perforations 3950' - 4050'					Depth Casing Shoe 7500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1185'		825 Sacks			
8 3/4"	5 1/2"		7500'		1100 Sacks			
	2 3/8"		3900'		NONE			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 433	Length of Test 24 hrs	Bbls. Condensate/MMCF 4	Gravity of Condensate 34.4
Testing Method (pilot, back pr.) Back Pressure	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Farris Nelson Engineer
Printed Name
11/12/90 Title
505/393-2937
Date
11/12/90 Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title

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.

NOV 16 1990

NOV 16 1990
HOBBS OFFICE