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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

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

OIL CONSERVATION DIVISION

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.		TO TRA	NSP	ORT O	L AND NA	TURALG	AS				
Operator Zia Energy, Inc.								'ell API No.			
Address				···							
P.O. BOX 2219, I Reason(s) for Filing (Check proper box	lobbs, I	NM 8	8240)		(D)			· · · · · · · · · · · · · · · · · · ·		
New Well	,	Change in	Transpo	orter of:		ner (Piease exp	iain) Cha	nge le	ane n	dne	
Recompletion	ıs 🔲			fre	enge leave name om: J.W. Griggell						
Change in Operator X If change of operator give name	Casinghea		Conder								
and address of previous operator	Mara	tho-	~ (<u> vilc</u>	-0				· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WEL	L AND LEA										
Lease Name Well No. Pool Name, Inch Grizzell 3 Brunson					1/1011 00 70			d of Lease Lease No.			
Location			pr un	13011 1	. usserm	all, Gal	y State	, receive or re	e	Fee	
Unit LetterO	:32	30	Feet Fr	om The S	outh Lin	e and16	50 F	eet From The	Eas	t Line	
Section 5 Towns	hip 22 Sc	outh	Range	37 Ea	st ,N	МРМ,	Le			County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	LAN	D NATU	RAL GAS	·					
Name of Authorized Transporter of Oil Shell Pipe Line		or Condens 7	sale		Address (Giv	e address to w	hich approved	l copy of this f	orm is to be s	eni)	
Name of Authorized Transporter of Cast		or Dry	Gas	P.O. Box 1910, Mic			d come of this form is to be sent				
Texaco Producing If well produces oil or liquids,	 -	<u> </u>			F.U. I	OX 11)	7. Eun	ice, N	M 8823.	i"	
give location of tanks.	Unit	Sec. 5	Twp. 22S	1 37E	Is gas actually	y connected? 785	When	.? ot Ava:	ilahla		
If this production is commingled with the	t from any othe	r lease or p	ool, giv	e comming			HC -34		LIADIE		
IV. COMPLETION DATA											
Designate Type of Completion	1 - (X)	Oil Well	I G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Clevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	ay		Tubing Depth			
Perforations								Depth Casing Shoe			
								Depui Casini	g 200e		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE									
	UASI	CASING & TOBING SIZE				DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·							 -				
V. TEST DATA AND REQUE								L			
OIL WELL (Test must be after) Date First New Oil Run To Tank	recovery of total	d volume of	load oil	l and must i	be equal to or i	exceed top allo	wable for this	depth or be fo	or full 24 hou	rs.)	
Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Press	Tubing Pressure				e		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Ter	st			Bbls. Condensi	ile/MMCE		C-w- cc			
A14.						···		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC				Œ	_						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my i	mowledge and i	belief.	SVUVE		Doto	ر مار م		MAY 15	8 1989		
mid nelson					Dale	Approved					
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
M. F. Nelson President Printed Name 5/4/89 505/393-2537							וכוע	RF-1 1 3UF	EV A190K		
5/4/89	505/39				Title_	•					
Date		Telepho	one No.								

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.

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