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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1,		<u> 10 IRA</u>	NSP	OHI OI	L AND NA	TURAL G						
Operator Tora Oil & Gas						Wel			11 API No. 30-025-2 7 924			
Address									<u>хэ д.</u>	1107		
c/o Oil Reports & Gas		es, Inc	., E	30x 755	, Hobbs,	NM 882	241					
Reason(s) for Filing (Check proper box) New Well		C :	т		Ou	her (Please exp	lain)	<u> </u>				
Recompletion	Oil	Change in	Dry Ga			Effe	ctive 1	1/1/91		1		
Change in Operator	Casinghea		Conder									
If change of operator give name										· · · · · · · · · · · · · · · · · · ·		
and address of previous operator	ANDIE	. CE					· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL Lease Name	ling Formation Kind			of Lease No.								
E. F. King					· · · · · · · · · · · · · · · · · · ·			XFEXACK or Fee				
Location	<u></u>			· · · · · · · · · · · · · · · · · ·		• 04			<u>l</u>			
Unit LetterM	:990	<u> </u>	Feet Fr	om The	South Lin	e and33	<u>o</u> 1	eet From The	West	Line		
Section 31 Townsh	N	мрм,		Country								
			Range	37E		IAILIAI	<u>_</u>	ea	····	County		
III. DESIGNATION OF TRAI	SPORTE			D NATU				·····				
Name of Authorized Transporter of Oil		or Condens	ate		Address (Giv	e address to wi	hich approve	d copy of this f	form is to be se	int)		
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)											
Sid Richardson Carbon		1st City Bank Tower, 201 Main St, FtWorth TX										
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec.		Rge.	Is gas actually connected? Yes		When	When ? 12/30/82				
f this production is commingled with that	from any othe	er lease or po	ool, giv	e comming		ber:				······································		
V. COMPLETION DATA		,										
Designate Type of Completion	- (X)	Oil Well	G	ias Weli	New Well	Workover	Деереп	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u> </u>	<u> </u>	P.B.T.D.					
Charles (DE DVD DV CD					2 010	- 1	•					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	ray		Tubing Depth				
Perforations					1	····		Depth Casing	g Shoe			
· · · · · · · · · · · · · · · · · · ·												
TUBING, CASING AND							D	<u> </u>				
HOLE SIZE	DLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
	<u> </u>							 				
. TEST DATA AND REQUES	T FOD AT	LOWAL	OI E									
_				l and must i	be equal to or i	exceed top allow	wahle for this	denth or he fo	ne full 24 kours	e 1		
Pate First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
and of Tax								Charles Charles				
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
ctual Prod. During Test	uring Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
		- 								į		
GAS WELL												
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
											I. OPERATOR CERTIFICA	ATE OF C
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
		vend.			Date /	Approved						
Daniel Holle					viental bg							
Signature					By Raul Kautz Geologisti							
Printed Name Title												
10-31-91	505-	-393-27	27		Title_							
Date		Telepho	ae 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.