

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CIN OPERATING, Inc

Address P.O. Box 1799, Midland, TX 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LONG</u>	Well No. <u>1</u>	Pool Name, including Formation <u>EUNICE SOUTH (SABANOS)</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location				
Unit Letter <u>L</u>	<u>2214</u> Feet From The <u>SOUTH</u> Line and <u>368</u> Feet From The <u>WEST</u>			
Line of Section <u>11</u>	Township <u>22</u>	Range <u>37</u>	NMPM, <u>LEA</u>	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PERMIAN</u>	<u>P.O. Box 1183, Houston, TX 77251-1183</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXACO PRODUCING, Inc</u>	<u>P.O. Box 3000, TULSA, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>L</u> <u>11</u> <u>22</u> <u>37</u>	<u>YES</u> <u>09/02/88</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
PRESIDENT
(Title)
09/07/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Paul Kautz
Geologist
TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
07/26/88	08/23/88		4,700'		4,670'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
SR 3378'	SAN ANTONIO		3840		4535'				
Perforations						Depth Casing Shoe			
3840 - 4638									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" 24 #	400	175 SKS
7 7/8"	5 1/2" 15.50#	4,700'	1,010 SKS
2 3/8"	2 3/8"	4535'	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
08/24/88	08/29/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	117	117	117
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	39	195	273

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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