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State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <b>ZACHARY OIL OPERATING COMPANY</b>	Well API No. <b>30-025-30607</b>
Address <b>P. O. BOX 1969, EUNICE, NEW MEXICO 88231</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) <i>show gas connection date</i> Recompletion <input 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 <b>HINTON</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>WANTZ GRANITE WASH</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>I</b> : <b>1650</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line Section <b>12</b> Township <b>22S</b> Range <b>37E</b> , NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>PHILLIPS PETROLEUM COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79762</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>TEXACO PRODUCING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3000, Tulsa, Okla. 74102</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ? <b>I   12   22S   37E   YES   9-1-89</b>
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>4-30-89</b>	Date Compl. Ready to Prod. <b>6-25-89</b>	Total Depth <b>7592'</b>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <b>3333.0 GR</b>	Name of Producing Formation <b>WANTZ GRANITE WASH</b>	Top Oil/Gas Pay <b>7398'</b>	Tubing Depth <b>7315'</b>					
Perforations <b>7398 to 7556---36 holes</b>			Depth Casing Shoe <b>7592'</b>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>8-5/8"---24#</b>	<b>1260'</b>	<b>780 sx 2% CC</b>					
<b>7-7/8"</b>	<b>5 1/2"---17#</b>	<b>7592'</b>	<b>945 sx POZ "A"</b>					
	<b>2-7/8"</b>	<b>7315'</b>	<b>790 sx Pacesetter Lt.</b>					
			<b>200 sx Neat</b>					

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 <b>6-25-89</b>	Date of Test <b>6-27-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>30#</b>	Casing Pressure <b>25#</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>50</b>	Oil - Bbls. <b>48</b>	Water - Bbls. <b>2 bbls---acid water</b>	Gas-MCF <b>11</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

*Ray A. Pierce*  
Signature  
**RAY A. PIERCE**  
Printed Name  
**9-1-89**  
Date  
**Prod. Supt.**  
Title  
**394-2150**  
Telephone No.

**OIL CONSERVATION DIVISION**  
**SEP 6 1989**

Date Approved \_\_\_\_\_

By \_\_\_\_\_  
Orig. Signed by  
**Paul Kautz**  
Geologist

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.

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