Submit 5 Co	pi	C6					
Appropriate DISTRICT I	Þ	iak	nict	Of	ĥ	ce	
DISTRICT I							

Y

## P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico rgy, Minerals and Natural Resources Departm

## **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

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

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<u>I.</u>		TOTR	ANSP	ORT O	L AND N	IATURAL C						
Operator							API No.					
Tahoe Energy, Inc.							3	0-025-30	0812			
Address 3909 W. Industrial	Midland	l mv	7970	2								
Reason(s) for Filing (Check proper be		, 1A	1970	2	x	Other (Please exp	daint					
New Well	-/	Change i	a Transo	orter of:		hange nam	•	Cochico	#1 to			
Recompletion	Oil		DryG	<u> </u>		-			#1 LO			
Change in Operator	Casinghe	ad Gas 📋	] Conde		C	ochise/Ki	ng Gas	Com #1				
If change of operator give name												
and address of previous operator												
IL DESCRIPTION OF WE	LL AND LE											
Lease Name		Well No.			iding Formation Kind			i of Lease FE , Federal of F	E	Lease No.		
Cochise/King Gas Co	<u></u>		Ja.		Tansill Yates SR State, Federal of Fee							
Unit Letter F	. 20	00	-	~ >	lorth L	15	00 ,		West			
	;	<u> </u>	_ real h	rom The		ine and	<u> </u>	iest From The	WESL	Line		
Section 12 Town	nahip 23-	S	Range	36-E		NMPM,	Lea -			County		
									** *			
III. DESIGNATION OF TR Name of Authorized Transporter of O		_	_	<u>D NATU</u>								
	•	or Conder			Address (L	ive address to n	hick approve	d copy of this	form is to be s	tani)		
N/A Name of Authorized Transporter of Ca	ninghest Gas		or Dry	Geo [77]	Address (C	· · · · · · · · · · · · · · · · · · ·	1.1.1					
Sid Richardson Carl	oon & Gas	ofine	Compa	any	201 Ma	<i>ive address to w</i> ain St. F	irst Ci	tv Bk To	<i>wer.</i> Ft	.Worth, Th		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	· · · · · · · · · · · · · · · · · · ·	ally connected?	Whe					
give location of tanks.				1	Yes		1	4-20	-90			
If this production is commingled with the	hat from any oth	er lease or	pool, giv	e comming	ing order nu	mber:						
IV. COMPLETION DATA					-			· <u> </u>		······································		
Designate Type of Completion	an (M)	Oil Well		Gas Well	New Wel	1 Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		1 Desidente		X	X Tetal Death	1		L	L			
3-28-90		Date Compl. Ready to Prod. 4-16-90			Total Depth 3525 '			P.B.T.D. 3440 '				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr		mation		Top Oil/Gas Pay							
3418.5' GR		Yates/Seven Rivers				•		Tuoing Dep	Tubing Depth			
Perforations			<u>A</u>	1 ,				Depth Casin	g Shoe			
<u>(25 holes) 3116' to</u>				K2								
					CEMENT	ING RECOR	D					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT		
11"	<u> </u>				384 '				250 sxs.			
		[				3514		500 sxs.				
								1				
V. TEST DATA AND REQU						*******						
DIL WELL (Test must be after			f load o						for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				Producing M	lethod (Flow, pu	mp, gas lift, e	цс.)				
Length of Test	Tubine Deve				Casing Press			Challer Size				
benga, ut ton	Tubing Press	suic			Casing Press			Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF					
-		-				-				ł		
GAS WELL						······································		l				
Actual Prod. Test - MCF/D	Length of Te	al.		1	Bhis Conder	sate/MMCF		Gravity of C	ondencate	<u> </u>		
4-16-90 436	-	24			436-mer ()				N/A			
esting Method (pitot, back pr.)	Tubing Press	une (Shut-i	<del>é)</del>		Casing Pressure (Shui-in)		Choke Size					
back pr.	55	psig	• •		65	psig		3,	/411			
I. OPERATOR CERTIFIC				CE	-							
I hereby certify that the rules and regu	ulations of the O	il Conserva	tion			DIL CON	SEHVA	ATION E	DIVISIO	<b>N</b>		
Division have been complied with and is true and complete to the best of my	I that the inform knowledge and	ation given belief.	above			•		. [] ]	N 27	านฉก		
1. 1				1	Date	Approvec	l	00				
I.a. Meena					_					NN .		
Signature					By_	<b></b> Gilli	112	K + SAPEN	<u>ASOR</u>			
K. A. Freeman Printed Name			side					• • . ·	1. A. A.			
Printed Name 4/8/90		915-6	97-7	938	Title.							
Date		Teleph	one No.									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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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.