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Appropriate Instrict Office
DISTRICT I
P.O. Bux 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departn

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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openios		10 110			11 012	- / 11 (12) 1 (<u> </u>	Well	API No.					
Operator Cil Company									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30-025-09443					
Tenison Oil Company Address								30-023-03443							
8140 Walnut	Hill L	ane #	601	_	Dal	las. T	'ex	as 75	231						
Reason(s) for Filing (Check proper box)							hher	(Please expla	zin)						
New Well		Change in	Trans	porte	r of:										
Recompletion	Oil		Dry (Gas		E	FF	ECTIVE	: 61	X9					
Change in Operator	Casinghea		Cond												
change of operator give name Tri	iton Oi	1 & G	as (Coi	rp.	- 4849) G	reenvi	lle A	ve. 🤻	10B	0 allas,	TX 75		
and address of previous operator $\frac{Tr1}{T}$ I. DESCRIPTION OF WELI			<u> </u>	<u> </u>			`		· 	<u> ,</u>					
Lease Name	Well No.	Well No. Pool Name, Including For						rs Kind	of Lease	FE	1D •1	ease No.			
J. T. Lynn		1	J.	alı	mat 1	Tansil	.1	Yates	State	, Federal	or Fe	E I 2	82336		
Location															
Unit LetterI	: <u>19</u>	80	Feet	From	The So	outh L	ine.	and33	<u> </u>	eet From	1 The	<u>East</u>	Line		
					_			_							
Section 28 Towns	ship 23	S	Rang	ge	3	6Ε <u>,</u>	NM	рм, Le	a.				County		
	NODODET	n or o	YY A'	ND.	NIA TETE I	DAY CA	c								
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conder		עמ	NAIU	Address (Sime	address to wh	rich approve	d conv o	fihiei	form is to he s	ent)		
·	تتت	or conder	Isate			Address (Give address to which approved copy of this form is to be sent) Box 3105 - Houston, TX 77253									
Shell Pipeli Name of Authorized Transporter of Cas			or Di	ry Ga	e []							form is to be si	eni)		
El Paso Natu			ועיני	هد ر.	نـــا	1				•		7997			
If well produces oil or liquids,	Unit		Twp.		Rge			connected?	Whe		nan	, , , , , , ,	<u> </u>		
ive location of tanks.	III	28	23		36E	[es		i		nkn	lown			
this production is commingled with the															
V. COMPLETION DATA	-			U	·	· ·									
		Oil Well		Gas	Well	New We	:11	Workover	Deepen	Plug	Back	Same Res'v	Diff Res'v		
Designate Type of Completio	n - (X)	İ	l			Ĺ				1		1			
Date Spudded	Date Compl. Ready to Prod.					Total Depth				P.B.T	P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
										1	Depth Casing Shoe				
Perforations										Depth	Casii	ng Shoe			
TUBING, CASING ANI											CACKS OFMENT				
HOLE SIZE	CA	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
															
						 				_		· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUI	FCT FOR	ALLOW	ARL	F.											
OIL WELL (Test must be after	e recovery of t	otal volume	of loa	d oil	and must	be eaual to	or e	exceed top allo	owable for th	is depth	or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Te		0) 100					hod (Flow, pu							
Date I ha i tow On Roa 10 1 min	Date of 10	· -													
Length of Test	Tubing Pr	Tubing Pressure					Casing Pressure								
Actual Prod. During Test Oil - Bbls.						Water - Bt	r - Bbls.			Gas- MCF					
									· · · · · · · · · · · · · · · · · · ·						
GAS WELL															
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Cond	dens	ate/MMCF		Gravi	ty of	Condensate			
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2															
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Chok	Choke Size				
VI. OPERATOR CERTIFI	CATEO	COM	OT TA	NIC		1[
					ناد		C	IL CON	1SERV	/ATIC	NC	DIVISIO	NC		
I hereby certify that the rules and reg Division have been complied with an	guiations of the nd that the info	ermation giv	en abc	ove											
is true and complete to the best of m	ıy knowledge a	and belief.				n-	ite	Annroyo	d						
7	_					Da	ιις	4hhi a se	<u> </u>		_				
VSa-CMaha						By						igen verg € very	gw		
Signature Bruce C. Macke, Production Mgr.						By		-	 		- - -				
Bruce C. Mack	e, Produ	recton		•		11					,				
Printed Name		214-3	Title		0.5	Tit	le_								
Date /0/25/89			ephone		<u> </u>	Į!									
_ _			F			11									

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.

OCT 26 1989

HOURS OFFICE