Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

nergy, Minerals and Natural Resources Depar nt

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

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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.   |  | TO TR  | ANSP       | ORT O          | IL AND NA  | ATURAL (        | GAS                    | •                                       |                            |             |  |
|--|--|--|------------|----------------|--|-----------------|------------------------|---|----------------------------|-------------|--|
| Operator Tenison Oil Company   |  |  |            |                |  | -               |                        | Vell API No.<br>30-025-0                | II API No.<br>30-025-09522 |             |  |
| Address<br>8140 Wallnut Hill   | Ln. #601   | - Hous   | ston,      | Texas          | 75231  |                 |                        |   |                            |             |  |
| Reason(s) for Filing (Check proper   |  |  |            | <del></del>    |  | her (Please ex  | plain)                 |   | -                          |             |  |
| New Well   |  | Change is  | п Тгапѕро  | rter of:       |  | (1 reads con    | piani)                 |   |                            |             |  |
| Recompletion   | Oil  |  | Dry Ga     |                | Effo   | ctive: 1        | 1/1/01                 |   |                            |             |  |
| Change in Operator   | Casinghe   | ad Gas X   | Conden     | sate 🗌         | Eile   | ctive: 1        | 11/1/91                | -                                       |                            |             |  |
| If change of operator give name and address of previous operator   |  |  |            |                |  |                 |                        | ·                                       |                            |             |  |
| II. DESCRIPTION OF WI  | ELL AND LE                                       | EASE   |            |                |  |                 |                        |   |                            |             |  |
| Lease Name   | me, Includ                                       | uding Formation Kind of Lease FED Lease No. nsill Yates 7 Rivers State, Federal or Fee A 092436                |            |                |  |                 |                        |   |                            |             |  |
| Vaughn B-9 Location  | ·  | l I  | Jaima      | t Tan          | sill Yat   | es / Riv        | vers St                | ate, Federal or F                       | ee A 09                    | 92436       |  |
| Unit LetterA   | :3   | 30   | Feet Fro   | m The          | North<br>Lin   | e and3          | 30                     | Feet From The                           | East                       | Line        |  |
| Section 9 To   | wnship 24S                                       |  | Range      | 36E            |  | мрм,            | Lea                    |   |                            |             |  |
|  |  | 3D OF O  |            |                |  | ivir ivi,       |                        | · · · · · · · · · · · · · · · · · · ·   |                            | County      |  |
| III. DESIGNATION OF TI<br>Name of Authorized Transporter of  | Oil [▽   | or Conden  | sate [     |                |  | e address to n  | hich appro             | ved copy of this                        | form is to be              | sent)       |  |
| Enron Oil Trading  |  | Address (Give address to which approved copy of this form is to be sent)  Box 1188 - Houston, Texas 77251-1188 |            |                |  |                 |                        |   |                            |             |  |
| Name of Authorized Transporter of Casinghead Cas   PAPCAN PROPERTY   |  |  |            |                | Address (Give address to which approved copy of this form is to be sent) 76102 |                 |                        |   |                            |             |  |
| Sid Richardson Ca  | Eq. a  | γ.—<br>2   | First C    | ity Bank       | Tower  | .201 Mai        | 201 Main St. Ft.W. Tx. |   |                            |             |  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   |  |            |                | Is gas actually  |                 |                        | nen ?                                   |                            |             |  |
|  | A  | 9  | 24S        | 36E            | Ye   | s               |                        | UnKno                                   | wn                         |             |  |
| If this production is commingled with IV. COMPLETION DATA  | that from any oth                                | ner lease or p   | pool, give | commingl       | ing order numb   | ber:            |                        |   |                            |             |  |
| Designate Type of Complet  | ion - (X)  | Oil Well   | Ga         | s Well         | New Well   | Workover        | Deeper                 | Plug Back                               | Same Res'v                 | Diff Res'v  |  |
| Date Spudded   |  | ol. Ready to   | Prod.      | -              | Total Depth  |                 | <u> </u>               | P.B.T.D.                                | <u> </u>                   |             |  |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation  |  |  |            |                | Top Oil/Gas Pay  |                 |                        | 1.5.1.5.                                | 1.5.1.5.                   |             |  |
|  |  |  | mation     |                | Top Olivoas Fay  |                 | Tubing Depth           |   |                            |             |  |
| Perforations   |  |  |            |                |  |                 |                        | Depth Casir                             | ig Shoe                    |             |  |
|  | т  | TIRING (   | CASINIC    | - AND          | CEMENTER   | IC DECOR        |                        |   |                            | <del></del> |  |
| HOLE SIZE  |  | TUBING, CASING AND CASING & TUBING SIZE  |            |                |  |                 | <u>D</u>               | · I · · · · · · · · · · · · · · · · · · | SACKS CEMENT               |             |  |
|  |  |  |            |                |  | DEPTH SET       | <del></del>            |   |                            |             |  |
|  |  |  |            |                |  |                 |                        |   |                            |             |  |
|  |  |  |            |                | ······································   |                 |                        |   |                            |             |  |
| V. TEST DATA AND REQU  | JEST FOR A                                       | LLOWA  | BLE        |                |  |                 |                        |   |                            |             |  |
| OIL WELL (Test must be aft   | er recovery of tol                               |  |            | and must b     | e equal to or e  | exceed ton allo | wahle for t            | his denth or he l                       | for full 24 hour           | \           |  |
| Date First New Oil Run To Tank   | Date of Tes                                      | t  |            |                | Producing Met  | hod (Flow, pu   | mp, gas lift,          | , etc.)                                 | or just 24 nous            | 73.)        |  |
| ength of Test  | Tubing Pres                                      | Tubing Pressure  |            |                | Casing Pressure  |                 |                        | Chaka Ciaa                              | Choke Size                 |             |  |
|  |  |  |            | Casing Heasure |  |                 | Choke Size             | Choke Size                              |                            |             |  |
| Actual Prod. During Test   | Oil - Bbls.                                      | Oil - Bbls.  |            |                | Water - Bbls.  |                 |                        | Gas- MCF                                | Gas- MCF                   |             |  |
| GAS WELL   | <del>-                                    </del> | · · · · · · · · · · · · · · · · · · ·  |            |                |  |                 |                        |   |                            |             |  |
| Actual Prod. Test - MCF/D  | Length of To                                     | Length of Test   |            |                | Bbls. Condensate/MMCF  |                 |                        | Gravity of Co                           | Gravity of Condensate      |             |  |
| esting Method (pitot, back pr.)  | Tubing Press                                     | aure (Shut-in  | 1          |                | acing Descrip  | (Charties)      |                        |   |                            |             |  |
|  |  |  |            |                | Casing Pressure (Shut-in)  |                 |                        | Choke Size                              | Choke Size                 |             |  |
| I. OPERATOR CERTIFI  | CATE OF  | COMPL  | IANCI      | E              |  |                 |                        |   |                            |             |  |
| I hereby certify that the rules and reg  | ulations of the O                                | il Conservat   | ion        |                | OI   | IL CONS         | SERV                   | ATION [                                 | OISIVIC                    | N           |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |  |  |            |                |  |                 |                        |   |                            |             |  |
| Rose & G. 1  |  |  |            |                | Date Approved  |                 |                        |   |                            |             |  |
| Signature  |  |  |            |                | By   |                 |                        |   |                            |             |  |
| Robert B. Tenison  | Jr. Manag  | ger- Ma  |            | ng             | <b>-</b> ,   | ***             | Geologi                | - S                                     |                            |             |  |
| Title 11/12/91 (214) 363–5005  |  |  |            |                | Title  |                 |                        |   |                            |             |  |
| Date   | (414)  | 363-501<br>Telepho   |            |                |  |                 |                        |   |                            |             |  |
|  |  |  |            |                |  |                 |                        |   |                            |             |  |

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
- 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.