

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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 II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Zia Energy, Inc.	Well API No. 30-025-09563
Address P. O. Box 2219, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Cancel Langlie Mattie	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Toby	Well No. 1	Pool Name, Including Formation Jalmat Y/SR Oil	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line Section 13 Township 24 South Range 36 East, NMPM, Lea 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"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 24 S	Rge. 36 E	Is gas actually connected? Yes	When? Not available

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded PB date 1/21/89	Date Compl. Ready to Prod. PB date 1/21/89		Total Depth 3615'		P.B.T.D. 3148'			
Elevations (DF, RKB, RT, GR, etc.) 3001' GR	Name of Producing Formation Yates-Seven Rivers		Top Oil/Gas Pay 2995'		Tubing Depth 3143'			
Perforations 2995'-3134' 23 holes OKKZ					Depth Casing Shoe 3450'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8"		289'		100 sxs			
8"	5 1/2"		3450'		200 sxs			
	2 3/8"		3143'					

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 1/21/89	Date of Test 1/27/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 21 bbls	Oil - Bbls. 6.0 bbls	Water - Bbls. 15.0 bbls	Gas- MCF 92.0

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.

Signature M. F. Nelson
M. F. Nelson Engineer
Printed Name
1/27/89 505-393-2937
Date Telephone No.

OIL CONSERVATION DIVISION
FEB 03 1989

Date Approved

By Paul Kautz Orig. Signed by

Title Geologist

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.