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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
ConVest Energy Corporation								3002509606 00S1			
Address 2401 Fountain View Dr	rive, S	uite 7	00, H	louston					·		
Reason(s) for Filing (Check proper box)		•	T		Uthe	t (Piease expla	in)				
New Well	0"	Change in	•								
Recompletion	Oil	173	Dry Ga	_							
Change in Operator	Casinghea	d Gas XX	Conden								
f change of operator give name	irris a	nd Wal	ton F	. O. B	ox 755,	Hobbs, N	ew Mexi	co 88241			
in address or previous operator											
II. DESCRIPTION OF WELL	AND LEASE								1	-aca Na	
Lease Name	ase Name Wei			7	ng Formation			Kind of Lease State, Federal or Fee		Lease No.	
Zattu Cushing	1 Jalmat			Jalmat	Seven Rivers			State, Total or Tot		034076	
Location											
Unit LetterF	_ :2	310	_ Feet Fr	om The _N	orth Line	and165	0 Fe	et From The _	West	Line	
Section 23 Townshi	p 24S		Range	36E	, NI	ирм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	 X 1	or Conde			Address (Giv	e address to wh	ich approved	copy of this for	rm is to be se	ent)	
Shell Pipe Line Company P.						P. O. Box 2648 Houston, Texas 77002					
Name of Authorized Transporter of Casin		\square	or Dry	Gas				copy of this fo			
Sid Richardson Carbon			•		1			201 Main		I	
If well produces oil or liquids,	Unit	Sec.	Twp.	Roe	is gas actually	y connected?	When	. :		6102	
give location of tanks.	I F	23	249	-	Yes		j	10/14/6	5		
If this production is commingled with that											
IV. COMPLETION DATA							1 -		Carra Daniu	Diff Res'v	
Designate Type of Completion		Oil Wel	i	Gas Well	New Well	Workover	Deepen 	Plug Back	Same Kes v	J	
Date Spudded 9/21/29	Date Compl. Ready to Prod. 9/9/65			Total Depth 3505 *			P.B.T.D. 3440 '				
Elevations (DF, RKB, RT, GR, etc.) 3339 GL	Name of Producing Formation Seven Rivers				Top Oil/Gas Pay 3210			Tubing Depth			
									Shoe		
Perforations								Depth Casing	, Silve		
3210-3214'								1			
	TUBING, CASING AND							0.000 05155			
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			s	SACKS CEMENT		
Unknown)'''			1267			Unknow	1	
11		8 1/4"			2825				11		
	6 \$ /8"			3465 '				11			
V. TEST DATA AND REQUE	ST FOD	ALLOW	ARLE								
OIL WELL (Test must be after	recovery of t	otal volum	e of load	oil and mus	t be equal to o	exceed top all	owable for th	is depth or be j	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of To		,		Producing M	ethod (Flow, pr	ump, gas lift,	etc.)			
	9/28/65					amu	,				
9/9/65					Casing Press			Choke Size			
Length of Test	Tubing Pressure										
24 hrs.	70#			Water - Bbls			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			215			500				
248 bbls.		33				15			500		
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
					<u> </u>				Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATE O	F COM	[PLIA]	NCE			VICED!	ATION	ואוטויום	ON	
I hereby certify that the rules and regu	lations of th	e Oil Cons	ervation				NOEU A		ال ۱۷۱۵۱		
Division have been complied with and that the information given above						IIIN 9 E 1000					
is true and complete to the best of my knowledge and belief.					Dat	Date Approved JUN 2 5 1990					
	//						-				
Say mith						Color	ikias csas	IRM 247			
Signature					∥ By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Ray Smith	Engineering Technician				1	DISTRICT I SUPERVISOR					
Printed Name	(717)	790 10	Title		Title	9					
	(/13)	780-19		<u> </u>							
Date		T	elephone	NO.						· .	

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.