

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ConVest Energy Corporation		Well API No. 30025096060051
Address 2401 Fountain View Drive, Suite 700 Houston, Texas 77057		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Harris and Walton P.O. Box 755 Hobbs, New Mexico 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zattu Cushing	Well No. 1	Pool Name, Including Formation Jalmar-Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. LC-034076
Location Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West Line Section 23 Township 24S Range 36E, 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"/>	Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Company P.O. Box 2648 Houston Texas 77002					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1492 El Paso Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23	Twp. 24S	Rge. 36E	Is gas actually connected? Yes	When? 10-14-65

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
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					
Perforations 3210-3214'	Depth Casing Shoe 3465'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
Unknown	10"	1267'	Unknown					
"	8 1/4 "	2825	"					
"	6 5/8 "	3465	"					

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 9-9-65	Date of Test 9-28-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 70#	Casing Pressure	Choke Size
Actual Prod. During Test 248 bbls	Oil - Bbls. 33	Water - Bbls. 215	Gas - MCF 500

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 Ray Smith
Printed Name Ray Smith Engineering Technician
Date 5-2-90 Telephone No. (713) 780-1952

OIL CONSERVATION DIVISION

Date Approved MAY 7 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.