Submit 5 Copies Appropriate District Office DISTRICT J P.O. Bux 1980, Hubbs, NM 88240			nerals and Nat		rces Depa	nt	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
DISTRICT II P.O. Litawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fa, New Maxico, 97504 2099									
Santa Fe, New Mexico 87504-2088 UN RID Brazie Rd., Adec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION										
I. TO TRANSPORT OIL AND NATURAL GAS										
McDonnold Operating, Inc.								)-025-10738		
Address 505 N. Big Spring, Suite 204, Midland, TX 79701-4347										
Reason(s) for Filing (Check proper box) Other (Please explain)										
New Well	Change in Transporter of: Oil Dry Gas									
Change in Operator	Casinghead Gas Condensate E Effective date: April 1, 1993									
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE										
Lease Name	Lease Name Well No. Pool Name, Including Formation QNGB Kind of Lease Lea								ise No.	
Cline Federal	2 Langlie-Mattix (7 Rivers)					State,	Federal or Fee	NM014	1096	
Unit Letter <u>E</u> : 231.0 Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line										
Section 15 Township 23S Range 37E , NMPM, Lea County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS           Name of Authonzed Transporter of Oil         or Condensate         Address (Give address to which approved copy of this form is to be sent)										
Texas-New Mexico Pipe	Texas-New Mexico Pipe Line Company					P. O. Box 60028, San Angelo, TX 76906				
Name of Authorized Transporter of Casing		tores of	Dry Gas			••	copy of this form			
Texaco Exploration & P If well produces oil or liquids,							nice, NM (505) 394-2516 When?			
give location of tanks.	• •		3S  37E	Yes Unknown						
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA										
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded		Ready to Pi	nod.	Total Depth	L	1	P.B.T.D.			
				T. A.1/A. b.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Öil/Gas Pay			Tubing Depth	Tubing Depth		
erforations Depth Casing Shoe										
	TUBING, CASING AND			CEMENTING RECORD			1			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SA	SACKS CEMENT		
V. TEST DATA AND REQUES	TEODA									
OIL WELL (Test must be after re				be equal to or	exceed top allo	owable for thi	s depth or be for	full 24 hours	)	
Date First New Oil Run To Tank										
Length of Test	Tubing Pressure			Casing Press	Ire		Choke Size	Choke Size		
	Oil - Bbls.			Water - Bbls.			Cas MCE	Gas- MCF		
Actual Prod. During Test										
GAS WELL	I			I			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Actual Prud. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Con	Gravity of Condensate		
ting Method (pilot, back pr ) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					·····					
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION					
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					Date Approved MAR 2 9 1993					
Cing M. Mc Donald					D. OTICINAL CANAD BY ISDRY SEVION					
Signature Craig M. McDonnold President					By ORIGINAL SIGNED BY JERRY SEXTON BESTREAT I SUPREMISER					
Printed Name					· · · · · · · · · · · · · · · · · · ·					
March 25, 1993 Date	(	915) 68 Telepha	240390 one No.						<u> </u>	

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

## OCD HOBSS OFFICE

MAR 2 6 1993

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