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

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.				
Mid-Continent Energy	y, Inc.						30-025-2	22515			
Address											
401 S. Boston, Suite	<u>₃ 3400,</u>	Tulsa,	Oklahoma								
Reason(s) for Filing (Check proper box) New Well		~		[] Ot	her (Please exp	lain)					
= =	Oil		Transporter of:	F.C.C.							
Recompletion	Effect	cive 11-1	I - 93								
If change of operator give name	Casinghead	d Gas (Condensate			~			·		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	CF									
Lease Name	Well No. Pool Name, Including			ing Formation	ng Formation Vind				N-		
G.G. Travis	3 Teague B						of Lease Fe , Federal or Fe	e L	.ease No.		
Location	<u></u>						·				
Unit Letter I	. 9	90 ,	Feet From The _	Fact	_	-2310		South			
Oint Letter	_ : _	<u> </u>	reet from the	Lust Li	e and	<u> 2310</u> F	eet From The	300011	Line		
Section 2] Townshi	ip 23S		Range 37E	. N	mpm, L	.ea			Country		
	•				,	. <u></u>			County		
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	[X]	or Condensa		Address (Gi	ve address to w	hich approved	d copy of this fo	orm is to be si	ent)		
FOTT_Oil_Pipeline_Co	FOIT Oil Pipeline Company					P.O. Box 4666, Houston, TX 77210-4666					
Name of Authorized Transporter of Casin			r Dry Gas	Address (Gi	ve address to w	hich approved	copy of this fo	orm is to be si	ent)		
Sid Richardson Garbon & Gasoline Co.					<u>lain Stre</u>	et, For	t Worth,	TX 761	02		
If well produces oil or liquids, give location of tanks.		1 1									
	J	21	23S 37E	Yes							
f this production is commingled with that V. COMPLETION DATA	from any othe	er lease or po	ol, give commingl	ing order num	ber:				·		
v. COMPLETION DATA		laum u	1								
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	 	l. Ready to P		Total Depth	L	L	L	l	<u>. I · </u>		
	Dute Compi	. Roady to r	100.	Total Depui			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	nation	Top Oil/Gas Pay			Talina Day	Table Date					
, , , , , , , , , , , , , , , , , , , ,		,		Tubing Dept	Tuoning Deput						
Perforations							Depth Casing	Z Shoe			
								,			
	T	JBING, C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE			<u> </u>	DEPTH SET		SACKS CEMENT				
								-	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·								
/. TEST DATA AND REQUES											
OIL WELL (Test must be after re			load oil and must					or full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Test		!	Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)				
ength of Test	mar n			C · · · · · · · · · · ·			(C) -1 - 6'-				
igth of Test Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.		·	Water - Bbis.			Gas- MCF				
rotal From During Tone			WHET - BDIS.			Oab- MCL					
CAC TUDE I	L					·	<u> </u>				
GAS WELL	7.										
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Material Control of the Control of t	/M ' S										
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	<u> </u>						<u></u>				
I. OPERATOR CERTIFIC	ATE OF (COMPL	IANCE	_		CEDV	ATIONI P	311/10/0			
I hereby certify that the rules and regula					DIL CON	12FH A	A HON L	NSIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
is the and complete to the best of my k	nowicage and	OCIICI.		Date	Approved	d NOV 0	2 1993				
1 10 5 (=	1	***			, ,						
Simular Collection					ORIC	GINAL SIG	NED BY JE	RRY SEXTO	N		
Signature / Jack/F. Harris, Production Engineer					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name		Ti	tle	Title							
0otober 26, 1993	(918)	587-636		1100	· · · · · · · · · · · · · · · · · · ·			M	- 		
Date '		Telepho	one 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.