Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Palor							Well A	Well API No.			
ConVest Energy Corporation							3002525122 00S1-				
Address 2401 Fountain Vie	w Drive	, Suit	e 7	00, Hou	ston, Te	xas 7705	7				
Reason(s) for Filing (Check proper box)					Othe	т (Please expla	in)				
New Well	(Change in '	Transp								
Recompletion	Oil	[]	Dry G	25 🔀							
Change in Operator	Casinghead	Gas	Conde	2014							
f change of operator give name Har	ris and	Walto	n P	- 0 - Bo:	x 755 Ho	bbs, New	Mexico	88241			
I. DESCRIPTION OF WELL									1 1	ease No.	
Lease Name Zattu Cushing	,	Well No. Pool Name, Including 2 Jalmat 7Se				rers		E 1 al a Fra		34076	
Location F	231	0		_ N	orth	2310	l	et From The	West	Line	
Unit Letter	. ;		Feet I					et From The			
Section 23 Township	, 245		Range	36E	, NI	MPM,	Lea			County	
III. DESIGNATION OF TRANS				ND NATUI	RAL GAS	e address to wh	ich approved	copy of this form	is to be se	nt)	
X						Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77002					
Shell Pipe Line Compa Name of Authorized Transporter of Casing			OF De	v Gas				copy of this form			
Sid Richardson Carbon								201 Main St. Ft Worth			
If well produces oil or liquids,		Sec.	Twp.	Rge.		y connected?	When		76102		
give location of tanks.	I F	23	-	S 36F	Yes	,	1 10	/7/75		, 0104	
If this production is commingled with that f						ber:		, <u>, , , , , , , , , , , , , , , , , , </u>			
IV. COMPLETION DATA		•								_,	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Piug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Comp		Prod.	······	Total Depth	. •		P.B.T.D.	2101		
9/24/75 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				3231 ' Top Oil/Gas Pay			3210 Tubing Depth			
3355' K.B. Seven Rivers					3172'			Depth Casing Shoe			
Perforations (3013'-3027' Seven Ri	vers) a	ind (2	9021	-2906'	Yates)			, -	3230'		
(0020						NG RECOR	D Qu				
HOLE SIZE CASING & TUBING					DEPTH SET			SACKS CEMENT			
		8 5/8"				4441			175		
7 7/8"	<u> </u>	5 1/2"				32301			550		
	2 3/8"				3140'						
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABL	E		**************************************		is death or he for	- full 24 ha	ure }	
OIL WELL (Test must be after r			of loa	d oil and must	Producing h	tethod (Flow, p.	ump, pas lift, i	etc.)	<u> </u>		
Date First New Oil Run To Tank Date of Test					1	lowing	6.3. 83.				
10/7/75		10/9/75						Choke Size	Choke Size		
Length of Test	Tubing Pre	ssure)#			Casing Press	acker			20/64		
24 hrs. Actual Prod. During Test	Oil - Bbls.	J#			Water - Bbls.			Gas- MCF			
120 bbls 120					0			100			
GAS WELL											
Actual Prod. Test - MCF/D	rod. Test - MCF/D Length of Test					nsate/MMCF		Gravity of Condensals			
Testing Method (pilot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
VI OPERATOR CERTIFIC	LATE OF	COM	PLIA	NCE		011 001		ATION		ON.	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CO	NOFHA	ATION [ווכועונ	UIN	
Division have been complied with and that the information given above								.IIIN 9	JUN 2 5 1990		
is true and complete to the best of my knowledge and belief.					Dat	Date Approved					
Ray Smith								ino ey ikab	Y SEXTO	N	
Signature Ray Smith Engineering Technician					By ORIGINAL STONED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title (71.3) 7.80 - 1.952						e					
Date (71.3	<u> </u>	Te	lephon	e No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.