Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, N:4 88240

State of New Mexico Energy, Minerals and Natural Resources Department

61874

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| 1. | | 10 In | ANO | PURIC | AND N | A TUHAL G | IAS | | | | |
|--|-----------------------------|--------------|------------|---------------------------------------|-----------------|---|---------------------------------|---------------------|---|---------------------------------------|--|
| Operator Magazina | | | | | | | W | ell API No. | | | |
| Dallas McCasland Address | | | | | | | | | | | |
| c/o Oil Reports & Gas | Servic | es, In | c., | Box 75 | 5, Hobbs | , NM 882 | 241 | | | | |
| Reason(s) for Filing (Check proper box) | | | | | | ther (Please exp | lain) | | | | |
| New Well | | Change in | ٠ | porter of: | Ì | | | | | | |
| Recompletion | Oil Casinoba | ad Gas 🗽 | Dry | Gas L lensate [|]] | Effective | 11/1, | /91 | | | |
| If change of operator give name | Canagae | ac Oas (X | Cono | ensate | J | · | | | | | |
| and address of previous operator II. DESCRIPTION OF WELL | ANDIE | ACE | | | | | | | | | |
| Lease Name | Well No. | Pool | Name, Inch | ding Formatio | n | l Ki | Kind of Lease Lease | | ease No. | | |
| State "O" | 4 | 1 | | ıgh Yate | | | State, Pederal Soffie B-148 | | | | |
| Location | | 1 | | | WW. | ······ | | ···· | | | |
| Unit Letter B | _ : | 990 | _ Feet | From The | North L | ine and23 | 10 | Feet From The | East | Line | |
| Section 32 Townsh | ip 26 | s | Rang | e 371 | Ε , | NMPM, | | Lea | | County | |
| III. DESIGNATION OF TRAN | SPORTE | | | ND NAT | | | | | | | |
| Name of Authorized Transporter of Oil | (X) | or Conde | nsate | | | | | ved copy of this fo | | eni) | |
| Koch Oil company Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | | P. O. Box 2256, Wichita, KS 67201 Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Sid Richardson Carbon | line C | | y Gas | | | | | | | | |
| If well produces oil or liquids, | Sec. Twp. Rge. | | | | lly connected? | | , 201 Main St, FtWorth TX When? | | | | |
| give location of tanks. | Unit C | 32 | 26 | : - | Yes | ay commoner | " | 11/7/7 | 77 | | |
| If this production is commingled with that | from any oth | ner lease or | pool, g | ive commin | gling order nu | nber: | | | <u>'</u> | | |
| IV. COMPLETION DATA SI | D RICH | ARDSO | DNC | GASOL | INE CO. | - Eff. 3/1/9 | 93 | | | , | |
| Designate Type of Completion | | Oil Well | | Gas Well | New Wei | Workover | Deeper | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | | pl. Ready to | Prod. | · · · · · · · · · · · · · · · · · · · | Total Depth | | <u> </u> | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gai | Pay | | Tubing Depth | | | |
| Perforations | | | | | | | | | | | |
| . 0.10, 23013 | | | | | | | | Depth Casing | Shoe | | |
| ······································ | T | UBING. | CAS | ING ANT | CEMENT | ING RECOR | D | | | | |
| HOLE SIZE | | SING & TU | | | | DEPTH SET | | S | ACKS CEME | ENT | |
| | ļ | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | · | | | <u> </u> | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | | | | | |
| . TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | <u> </u> | | | | | | |
| OIL WELL (Test must be after r | | | | | t be equal to o | r exceed top allo | wable for i | this depth or be fo | r full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Tes | | • | | | lethod (Flow, pu | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Length of Test | Tubing Pressure | | | | Casing Press | ure | | Choke Size | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls | Water - Bbis. | | | Gas- MCF | | |
| GAS WELL | <u> </u> | ···· | | | | | | | | | |
| Actual Prod. Test - IMCF/D | Length of 7 | l'est | | | Bbls. Conde | sate/MMCF | · | Gravity of Co | ndensate | | |
| • | | | | | | | | • | | | |
| esting Method (pitol, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Press | Casing Pressure (Shut-in) | | | Choke Size | | |
| I. OPERATOR CERTIFICA | ATE OF | COMP | LJAN | NCE | 1 | | | | | | |
| I hereby certify that the rules and regula | | | | .02 | | DIL CON | SERV | /ATION D | IVISIO | N | |
| Division have been complied with and that the information given above | | | | | DEC 0 3 1991 | | | | | | |
| is true and complete to the best of my k | nowledge an | a belief. | | | Date | Approved | t | U 144 V | ישען ש | J | |
| Idanna Vola | | | | | | Orig. | Signed | | | | |
| Signature Donna Holler Agent | | | | | By Paul Kautz | | | | | | |
| Printed Name 11-20-91 | 505-3 | | Title | · | Title | L | , J Q 4, | | | | |
| Date | | | hone N | lo. | FOR | RECO | RD | ONLY | Ánn | | |

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.

RECEIVED

APR 2 5 1993

OCD HOSS OFFICE