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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUES	ST FOR	ALLOWAE	BLE AND A	UTHORIZ	ATION					
•	TO	TRANS	SPORT OIL	AND NAT	URAL GA						
Operator		Well API No.									
National Energ	ergy Group, Inc.				3(0-025-27834		
Address	_					m = 0 -					
4925 Greenvill	e Ave.,	Suit	e 1400,	Dallas	, Texas T(Please expla	7520	ь				
Reason(s) for Filing (Check proper box)	α.			Othe	t (Piease expia	UL)					
New Well		nge in in Dr	insporter of:								
Recompletion	Oil Casinghead Ga		ndensate								
change in Operator change of operator give name	Casinghead Ga	<u>. U U</u>	MOCHSAGE								
ad address of previous operator			<u></u>								
I. DESCRIPTION OF WELL A Lease Name	AND LEASE Well No. Pool Name, Includin			ng Formation Kind o			f Lease No.				
Exxon 'A' Federa	1	2	Double_2	X Delaw	are	Stare,	Federal or Fee	NM29	694		
Location											
Unit LetterE	165	0 Fe	et From The $\frac{Nc}{2}$	orth Line	and3	30 Fe	et From The	West	Line		
								-	_		
Section 23 Township	, 24 Sou	th R	inge 32 Ea	ast ,NA	иРМ,			Lea	County		
II. DESIGNATION OF TRAN		OF OIL				•••					
Name of Authorized Transporter of Oil	1	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604									
Pride Pipeline Com	pany		Det Con Con				ene, TX copy of this form				
Name of Authorized Transporter of Casing		or	Dry Gas	Address (GIW	: acuress to Wh	ип арргочеа	copy of this join		,		
If well produces oil or liquids,	Unit Sec	, In	vp. Rge.	Is gas actually	connected?	When	?				
ir well produces on oralquids,	•	•	24S 32E	1				1982			
f this production is commingled with that i							<u> </u>	1002			
V. COMPLETION DATA		o. pos	., g. 10 00								
	lo	il Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion	- (X) j		i	İ		İ	ii		<u> </u>		
Date Spudded	Date Compl. R	eady to Pr	od.	Total Depth			P.B.T.D.				
THE PER PER CO					Top Oil/Gas Pay			Taking Donah			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	e of Producing Formation			Top Olucias Fay			Tubing Depth			
Perforations	<u> </u>						Depth Casing	Depth Casing Shoe			
. 4.0. 4.0.											
	TILE	SING C	ASING AND	CEMENTI	NG RECOR	D	<u></u>				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
11022 0122				,							
	 										
. TEST DATA AND REQUES	T FOR ALI	LOWAB	LE								
OIL WELL (Test must be after n	ecovery of total	volume of	load oil and must	be equal to or	exceed top allo	mable for the	s depth or be for	r full 24 hours	r.)		
Date First New Oil Run To Tank	Date of Test			Producing Mo	ethod (Flow, pu	mp, gas lift, i	etc.)				
Length of Test	Tubing Pressure			Casing Press	пе		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
	<u></u>										
GAS WELL				Thu A			Carrier - C				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Paris Mathed (mine hash as)	Tubing Pressur	re (Shut-in		Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	raving ricesus	·^ /raint-111	,								
UI ODED ATOD CEDTERO	ATE OF C	CNADI	IANCE	10			<u> </u>				
VI. OPERATOR CERTIFIC				(OIL CON	ISERV	ATION E	DIVISIO	Ν		
I hereby certify that the rules and regul Division have been complied with and											
is true and complete to the best of my				Doto	Approve	d	DEC 1	4 '92			
i i	1	,		Date							
Janaa J.	Junit	/			Orig	Signed Kautz	o y				
Signature _		3	3/	∭ By_	P	ul Kautz leologist	i				
Isaac S. Smi	tn, Prod			11		ZONYAS WOR					
Printed Name	21/1.	т -692-	itle 9211	Title							
12-8-92 Date	<u> </u>		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.