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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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

, , , , , , , , , , , , , , , , , , , ,		FOR ALLOWA							
Operator	IOTH	RANSPORT OI	L ANU NA	TUHAL GA		API No.			
Zia Energy,			30-025-29126						
Address		. 002/2			. 1				
	219, Pobbs, NM	88240		(DI 1	-:\				
Reason(s) for Filing (Check proper bo: New Well		in Transporter of:		er (Please expla	im)				
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas								
f change of operator give name					·				
and address of previous operator									
I. DESCRIPTION OF WELL Lease Name		ding Comption	a Formation 2 Winds			of Lease No.			
Toby	2		Pool Name, Including Formation らた - Langlie Mattix オーロeen - し ん		1			Fee	
Location	<u> </u>		<i>j</i> -+-				_		
Unit Letter	: <u>1650</u>	Feet From The	Morth Lin	7,0.0 e and	Fe	et From The	East	Line	
Section 13 Town	nship 24 South	36 Fac	ast , NMPM ,		Lea	Lea		County	
Section 1.3 Town	iship 24 you'ch	Range 30 La.	, N.	мем,				County	
III. DESIGNATION OF TRA		OIL AND NATU	JRAL GAS				····		
Name of Authorized Transporter of Oi	or Cond	ensate	Address (Gi	e address to wh	ich approved	copy of this fo	orm is to be s	eni)	
Name of Authorized Transport Co		or Dry Gas	Address (Ci-	e address to wh	ich anne aus	come of this f	nem is to he s	ent)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Producing Inc.			,		• • •	copy of this form is to be sent) e. NM 88231			
If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp. Rg			P. O. Box 1137, Eunic Is gas actually connected? When			?		
rive location of tanks.	н 13	24 S 36 E				5/18/	87		
f this production is commingled with the	hat from any other lease o	or pool, give comming	gling order num	ber:				·	
V. COMPLETION DATA	Oil We	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		1	New West	WORKOVE	Deepen		1		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations						Depth Casin	g Snoe		
	TUBINO	G, CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING &	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
					· -= - · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQU									
	er recovery of total volum	ve of load oil and mus		exceed top allo			for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Fromteing ivi	eulou (r low, pi	,,,p,, gus 191, t				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
			Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bois.						
CAS WELL						<u>.</u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF		Gravity of C	Condensate		
	3								
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ועל-נים)	Casing Pressure (Shut-in)			Choke Size			
UI ODED ATOD OFFITTE	TO ATE OF COL	TO LANCE	-						
VI. OPERATOR CERTIF I hereby certify that the rules and re				OIL CON	ISERV.	ATION	DIVISIO	NC	
Division have been complied with a	and that the information g	given above				QE	D 4 E 1	ΙΩΟΩ	
is true and complete to the best of t	ny knowledge and belief.		Date	Approve	d	SE	P 151	1707	
-Tarris 7	7,0,000			. ,			NU CEVEC	N:	
Signature			∥ By_	ORIGI	HAL SIGN	ED BY JER	KY SEXIO	t -	
Farris Nelson	Eng	gineer			DISTRICT	I SLIPERV	(Jrorn		
Printed Name 9/14/89	505-393	Title 3-2937	Title						
Date	T	elephone 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.