

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Zia Energy, Inc.
Address P.O. Box 2219, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain):

If change of ownership give name and address of previous owner:

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Toby</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Langlie Mattix- Queen</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>H</u> <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>24S</u> Range <u>36E</u> NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Company</u>	<u>P.O. Box 1910, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 1492, El Paso, TX</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>13</u> Twp. <u>24S</u> Rge. <u>36E</u>	<u>Yes</u> <u>3/15/85</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

III. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

M J Nelson
(Signature)
Engineer
(Title)
3/18/85
(Date)

OIL CONSERVATION DIVISION

MAR 19 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.																
Date Spudded 2/3/85	Date Compl. Ready to Prod. 3/15/85	Total Depth 3800			P.E.T.D. 3775'																			
Elevations (DF, RKB, RT, GR, etc.) 3304' - GR, 3315' - RKB	Name of Producing Formation Queen	Top Oil/Gas Pay 3533'			Tubing Depth 3510'																			
Casing Depth 3533' - 3763'					Depth Casing Shoe																			
<table border="1"> <thead> <tr> <th>HOLE SIZE</th> <th>PIPE SIZE (OD)</th> <th>DEPTH (FT)</th> <th>SACKS CEMENT</th> </tr> </thead> <tbody> <tr> <td>12 1/4"</td> <td>8 5/8" - 24#</td> <td>393'</td> <td>350 s x s - circulated</td> </tr> <tr> <td>7 7/8"</td> <td>5 1/2" - 14#</td> <td>3800'</td> <td>1050 s x s - circulated</td> </tr> <tr> <td></td> <td>2 3/8"</td> <td>3510'</td> <td></td> </tr> </tbody> </table>									HOLE SIZE	PIPE SIZE (OD)	DEPTH (FT)	SACKS CEMENT	12 1/4"	8 5/8" - 24#	393'	350 s x s - circulated	7 7/8"	5 1/2" - 14#	3800'	1050 s x s - circulated		2 3/8"	3510'	
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7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3/15/85	Date of Test 3/17/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure 20#	Choke Size ---
Actual Prod. During Test 118.4	Oil-Bbls. 19.5	Water-Bbls. 98.9	Gas-MCF 52

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

MAR 18 1985

OFFICE