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

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	_		30x 2088					
DISTRICT III	Sa	inta Fe, New N	Mexico 875	04-2088				
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLEAND	AUTHOR	IZATION			
I.		ANSPORT O						
Operator	,					API No.		·····
Discovery Operating, Inc.							<u> 15 j.</u>	H_{2}^{-J}
800 North Ma	rienfeld S	Suite 100	Midla	nd Tov	.ac 70	701		
Reason(s) for Filing (Check proper box)	Tienreta, b	dite 100				701		
New Well	Change in	Transporter of:_		ner (Please expe	(ain)			
Recompletion		Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name and address of previous operator								
								
II. DESCRIPTION OF WELL Lease Name		1=						
Union "B" Federal	Well No.				ad of Lease No. Lease No. Lease No. NM-0392082-1			
Location		Demiii	gs Dela	ware	State	(receivantor rec	NM-03	392082-1
Umit Letter	330	. Feet From The	North Lin	. 198	. 0		West	Ē
<u> </u>	- ·	. Feet From The _	Lin	e and	F	eet From The _		Line
Section 4 Townshi	p 26S	Range 32E	, N	мрм, L	ea			County
TIT DECLOSE METALL OF THE LA								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	22 Cander	IL AND NATU						
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of to Scurlock Permian Corporation P.O. Box 4648 Houston.								•
Name of Authorized Transporter of Casin		or Day Coa C	P.O.	Box 464	8 Hous	ton, Tx	<u>: 7721</u>	LO-4648
GPM Gas Corporatio						copy of this fo		
If well produces oil or liquids,	1 4001 Penbrook Unit Sec. Twp. Rge. Is gas actually connected?				When		7976	<u>, 0</u>
give location of tanks.	IC 4	26S 32E	Yes	, , , , , , , , , , , , , , , , , , , ,	"""	March	1988	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	pool, give comming	ling order num	ber:				
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded			1	<u> </u>	<u></u>			_i
Jan Spanne	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth			
Perforations								
renorations				Depth Casing Shoe				
	TIDNIC	CACDIC AND	CICA (ICA PIPE)	IC DECOR		<u> </u>		<u> </u>
HOLE SIZE		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
	CASING & TUBING SIZE		DEFIN SEI			SACKS CEMENT		
								
V TEST DATA AND DECLIES	T FOR ALL OWA	DI K						
V. TEST DATA AND REQUES OIL WELL (Test must be after re		•	L		11. A			
Date First New Oil Run To Tank	covery of total volume of		thod (Flow, pu			r Juli 24 kour	·s.)	
	3-30: :34			200 (1 10W, p2	40, 800 sås, e	 ,		
Length of Test	Tubing Pressure	Casing Pressure			Choke Size			
Actual Prod. During Test	l Prod. During Test Oil - Bbis.		Water - Bbls.			Gas- MCF		
······································	Oil - Boil.		Water - Bolk			Cas- MCI		
GAS WELL			l			I		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Co	ndensale	
						California Ca	MACHINE .	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COMPI	JANCE				1		
I hereby certify that the rules and regula				IL CON	SERVA	ATION D	IVISIO	N
Division have been complied with and the	hat the information giver		[[
is true and complete to the best of my k	nowledge and belief.	4.9	Date	Approved	d t		SEP 04	£ '92
Weekelle Co				FF. 3. 30				
	or	100	11 _			. CERRY CCY	YOR	

Signature Michelle Cook Production Clerk Printed Name 9/01/92 Title 683-5203 (915)

Date

By CRIGINAL SIGNED BY JERRY DISTRICT I SUPERVISOR

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.

Title_

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

Telephone No.

- 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