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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	TC	TRAN	SPORT OIL	AND NA	TURAL GA	AS	DI NI				
perator						Well API No. 30-025-08173- 0081					
O'Ryan Oil and Gas						30-	023-00	113 00	31		
Address P.O. Box 1482	1 Odess	sa, Te	xas 7976	8							
Reason(s) for Filing (Check proper box)				Oth	er (Please expli	ain)					
New Well	C	· —	ansporter of:								
Recompletion	Oil X Dry Gas										
Change in Operator	Casinghead (ondensate			0500	** 1 1 -	NIM OO	240		
If change of operator give name and address of previous operator	xas New	<u>Mexic</u>	o Pioeli	ine, P.	O. BOX	2528,	ROUGH	NM -98	<u> </u>		
II. DESCRIPTION OF WELI	AND LEAS	E									
Lease Name E. F. Ray B NCT-1	W	Vell No. Po	ool Name, Including Paduca	ng Formation Kind of State (1			of Lease Federalyor Fe		1936		
Location Unit Letter	:660	Fe	eet From The	South Lin	e and	0 Fe	et From The	East	Line		
Section 10 Towns	hip 25-S	R	ange 32-E	, N	МРМ,	Lea			County		
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	[X] °	r Condensat	e	Address (Gi	ve address to w						
	Texaco Trading and Transportation Inc					P.O. Box 60628, Midland, TX 79711-0628					
Name of Authorized Transporter of Cass	inghead Gas	X 01	r Dry Gas	Address (Give address to which approved copy of this form is to be sent)							
TSTM If well produces oil or liquids, give location of tanks.	Unit S	∞10 T	wp. Rge. 255 32E	Rge. Is gas actually connected? When ZE NO			?				
If this production is commingled with the	at from any other	lease or po	ol, give commingl	ing order num	nber:						
IV. COMPLETION DATA		01111111	l c w.n	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		Oil Well	Gas Well	New Well	WOLKOVE	Depen	1 1106 220				
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Tubing Depth				
Perforations					Depth Casing Shoe						
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
			-			 					
V. TEST DATA AND REQU	EST FOR AI	LOWAL	BLE								
OIL WELL (Test must be after	r recovery of tola	d volume of	load oil and musi	be equal to a	r exceed top al	lowable for th	is depth or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Test			Producing N	Method (Flow, p	оштр, даз іуі,	eic.)				
Length of Test	est Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
Length of Year							Gas- MCF				
. Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- Mc			
GAS WELL											
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-ii	n)	Casing Pressure (Shut-in)			Choke Size				
TIT OPER A MOD CERTAIN	TO ATTE OF	COLE	IANCE	-							
VI. OPERATOR CERTIF. I hereby certify that the rules and re Division have been complied with a	gulations of the C	oil Conserva	ation		OIL CO						
is true and complete to the best of n	ny knowledge and	d belief.		Dat	e Approv	ed		. is .			
Olym C.	Lhero	_/									
Signature 7	Hours			∥ By.				<u> </u>			
Ryan C. Hoerau	f		ident_ Tiue								
Printed Name 05-07-91		915-36	7-1563	littl	e						
Date		Telep	hone No.	11							

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.