Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

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 TO TRANSPORT OIL AND NATURAL GAS

Operator							Well /	API No.			
Prime Operating	Company							30-0	25-097	18 🗸	
Address											
731 W. Wadley, B	1dg. L-2	220, Mi	dland	, TX							
Reason(s) for Filing (Check proper box)		_		_	Othe	t (Please explo	(מניב				
New Well	0	Change in T	•	r of:							
Recompletion \Box	Oil Caringhas	_	Ory Gas Condensat								
Change in Operator XXI	Casinghead							_			
and address of previous operator	k Energy	y Corpo	<u>ratio</u>	<u>n, 16</u>	<u>25 Larim</u>	<u>er, Suit</u>	e 2403 .	Denver.	CO 802	02	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Including							of Lease No		ease No.	
Wells B-1		1 Jamlat/Tns				1, Yts, 7 Rvrs.			ederal or Fee LC-032582B		
Location					•						
Unit LetterA	:660	<u>) ' </u>	eet From	The No	rth Line	and <u>660</u>)	et From TheE	ast	Line	
	. 050	_	_	265							
Section 1 Townsh	i p 25S	F	lange	36E	, NN	(PM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII	AND	NATTII	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Enron Oil Trading & Transportation					Box 1188, Houston, TX 77251-1188						
Name of Authorized Transporter of Casin	SP CH	Eperov º	Chris	4			• •	copy of this form	r is to be se	ent)	
Sid Richardson Carbon & Facoline 1 1 02						n, Ft. W					
If well produces oil or liquids, give location of tanks.	Unit					Is gas actually connected? When			i		
	1 U 1	- Lanca	<u> </u>	36E	Yes			7-3-57			
If this production is commingled with that IV. COMPLETION DATA	nom any oth	er lease or po	ioi, gave (ommigli	ng order numb	er:					
Community Data		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	į				i	i			
Date Spudded	Date Comp	l. Ready to P	rod.		Total Depth			P.B.T.D.			
					AUG. A						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing S	Shoe		
	Т	UBING. C	CASINO	AND	CEMENTIN	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
	+										
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLF					1			
OIL WELL (Test must be after				and must	be equal to or	exceed top allo	wable for this	s depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		<u> </u>			thod (Flow, pu					
Length of Test	Tubing Pre	ssure			Casing Pressure			Choke Size			
	1				187.a. Dh.I.			Gas- MCF			
Actual Prod. During Test	nual Prod. During Test Oil - Bbis.				Water - Bbis.						
								1			
GAS WELL Actual Prod. Test - MCF/D Length of Test				· · · · · · · · · · · · · · · · · · ·	Dia Conde	ente AAACC		Gravity of Condensate			
Actual Prod. Test - MCF/D	Test			BOIS. CONSCEN	Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (nitot back ne)	sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size			
a veneral transaction (hance's energy by ')	- white the state of the state										
VI. OPERATOR CERTIFIC	TATE OF	COMPI	IANO	TF	1						
I hereby certify that the rules and regu					(DIL CON	ISERV	ATION D	IVISIO	NC	
Division have been complied with and that the information given above					l tan						
is true and complete to the best of my knowledge and belief.					Date Approved						
Call.	Y A	/									
- Maso for					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Earl W. Levea District Manager					DISTRICT I SUPERVISOR						
Printed Name		•	Title		Title			- · · · - · · · ·			
10/6/92	915	682-560									
Date /		Telepi	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.