Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	(State of New Mexico				Form C-104 Revised 1-1-89 See Instructions
DISTRICT II	l OI		VATION DIVIS	ION		at Bottom of Page
P.O. Drawer DD, Artesia, NM 882	10		. Box 2088 Mexico 87504-2088		585	57
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410				00	- /
I. Operator	TO	TRANSPORT	ABLE AND AUTHO	GAS	N /ell API No.	
Prime Operating	g Company				30-025-09	720
731 W. Wadley,		Midland, TX	79705			
Reason(s) for Filing (Check proper)	-		Other (Please e	xplain)		
Recompletion	Oil	nge in Transporter of:]			
Change in Operator XK If change of operator give name	Casinghead Ga	Condensate]			
and address of previous operator		rporation, 10	625 Larimer, Sui	te 2403	, Denver, (0. 80202
II. DESCRIPTION OF WE	the second s					
Wells A	Wei 2	No. Pool Name, laci	uding Formation [ansil]-Yates-7	Ki Ste	nd of Lease Me. Federal or Fee	Lease No.
Location				KVPS ILU	as	LC-032582A
Unit LetterE		Feet From The	North Line and	660 '	Feet From The	West . Lin
	vaship 25S	Range 36E	, NMPM,	Lea		County
TEnergy Operating LP IDENDENGINATION OF TH Name of Authonized Transporter of (RANSPORTER O	FOIL AND NAT	URAL GAS			
Enron Oil-Trading &	Transportati		Address (Give address to BOX 1188, Hou	<i>which appro</i> ston. T	wed copy of this form X 77251-118	n is to be sent)
Name of Authorized Transporter of C Sid Richardson Carbo		or Dry Gas	Address (Give address 10	which approv	ved copy of this form	s is to be sent)
If well produces oil or liquids,	Unit Sec.		<u>201 Main St.,</u>	Ft. Wo	<u>rth, TX 761</u> man?	02
tive location of tanks.		203 30E	Yes	[wn	N/A	
f this production is commingled with IV. COMPLETION DATA	that from any other leas	e or pool, give commin	gling order number:			
Designate Type of Complet		Well Gas Well	New Well Workover	Deepen		me Res'v Diff Res'v
Date Spudded	Date Compi. Rea	1x to Prod	Total Depth			
		•			P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Shoe	
	TIBD	G CASING ANT	CEMENTING DECO			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
. TEST DATA AND REQU	IFST FOR ALLO					
OIL WELL (Test must be aft			t be equal to or exceed top al	lowable for ti	his denth ar he far fi	ull 24 hours)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift		, etc.)	
ength of Test	Tubing Pressure		Casing Pressure		Choke Size	
ctual Prod. During Test	Oil - Bbls.		Water - Bbis	- Bbis. Gas- MCF		
GAS WELL	Length of Test					
			Bbis. Condensate/MMCF		Gravity of Condensate	
sting Method (pilot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)	· · · · · · · · · · · · · · · · · · ·	Choke Size	
I. OPERATOR CERTIFI	CATE OF CON	(PLIANCE	<u>ار </u>		<u> </u>	
I hereby certify that the rules and re-	substitute of the Oil Com		OIL CON	ISERV	ATION DIV	/ISION
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.			Date Approved 0CT 1 3 '92			
(In los to	son /		Date Approve	u		
Signature			By ORIGINA	LSIGNED	BY JERRY CEN	
Printed Name	District M	Title	DISTRIGT I SUPERVISOR			
10/6/92	915 682-56	00	Title			104 20193
		elephone No.	I FOR REG		3 6 11111 -	

UCTIONS: This form is to be filed in compliance with Rule 1104

and the second of

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.