Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well	API No.			
Prime Operating Cor	npany					30-02	5-09735	V	
Address			0705	20 125 1					
731 W. Wadley, Bld (Reason(s) for Filing (Check proper box)	g. L-220, M	idland, IX /							
New Well	Other (Please explain)								
Recompletion	Change in Transporter of: Oil Dry Gas								
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name	k Energy Co	rporation, 1	625 Larin	er. St.	Suite 2	2403 De	nver (O	80202	
		po, 1		,		100, 00	11701,00	00202	
II. DESCRIPTION OF WELL			· · · · · · · · · · · · · · · · · · ·						
Lease Name E. J. Wells	Well N		ding Formation	ing Formation nsill, Yates-7 Rvrs. State			of Lease No. Federal or Fee LC-032582-A		
Location	1	Jaillat, 1	ansiii, i	ales-/ F	χνις	Teachail II.	LC-03	2582-A	
Unit Letter F	. 2310	Feet From The _	West	. 231	. 10	·	North		
Ome Leader	•	reat from the _		e and	F	eet From The		Line	
Section 12 Townshi	p 25 South	Range 36	East , N	MPM,	Lea			County	
THE DESIGNATION OF TRANS	(ODODDED 05				-				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil					17-1		<u> </u>		
Texas New Mexico Pipeline Co.			Box 252	Address (Give address to which approved copy of this form is to be sent) BOX 2528, Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
						, TX 76102			
If well produces oil or liquids, give location of tanks.					•				
<u> </u>	F-G 12	25S 36E	Ye			NA			
If this production is commingled with that if IV. COMPLETION DATA	from any other lease	or pool, give commin	gling order numi	per:					
TV. COMILETION DATA	loii w	eli Gas Weil	New Well	Workover	Deepen	Dhua Daak	Same Res'v	Diff. Back	
Designate Type of Completion		ch Gas well		WOLKOVET	Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		·	P.B.T.D.	1	<u> </u>	
					···=				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				<u>-</u>		Depth Casing Shoe			
						Depui Casii	ig Siloc		
	TUBING	G, CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE				DEPTH SET			SACKS CEMENT		
			 				· · · · · · · · · · · · · · · · · · ·		
			 			<u> </u>			
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE	<u>!</u>			•		····································	
OIL WELL (Test must be after re			t be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)			
Locate of Total						10. 1. 6.	Choke Size		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
· ·	On Sus.								
GAS WELL									
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	ing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
			-			<u> </u>			
VI. OPERATOR CERTIFICA				IL CON	CEDV	ATION!	טואופוט	.NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				AL CON	SER V	A I IOIN I	DIVISIO	111	
is true and complete to the best of my knowledge and belief.				Date Approved					
				Approved	J	- Vogil			
Talwela									
Earl W. Leyea District Manager				By ORIGINAL SIGNED BY JERRY SEXTONI BISTRIGT I SUPERVISOR					
Printed Name, Title					_				
10/6/92 9	15 682-5600		Title				<u>.</u>		
Date / /	Te	stephone No.							

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.