Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Liergy, Minerals and Natural Resources Departm.

Form C-104
Revised 1-1-39
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, 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

I.	7	TO TRAN	SPORT O	L AND NA	TURAL G	AS					
Operator		Well API No.									
Tenison Oil			30	0-025-09742							
8140 Walnut	Hill La	ane #60	1 - Dal	las. Te	exas 75	5231					
Reason(s) for Filing (Check proper box)					ner (Please expi						
New Well		Change in Tr	_			,		ci.			
Recompletion Change in Operator	Oil Casinghead	_	ry Gas Undensate		EFFECT	IVE: (1-1-89	1			
If change of operator give name and address of previous operator $\underline{\text{Tri}}$	ton Oil	L & Gas	Corp.	- 4849	Greenv	ille Av	ze. #10	000 – D	allas. TX		
II. DESCRIPTION OF WELL									75206		
Lease Name	· - · · · · · · · · · · · · · · · · · ·		ol Name, Includ	ling Formation	7 Rive	ers Kind	of Lease/FE	1 (a:	ease No.		
E. J. Wells			Jalmat				Federal or Fe		122536		
Location											
Unit LetterH	_ :231	_0 Fe	et From The _	North Lin	e and99	90 F	eet From The	<u>East</u>	Line		
Section 12 Townshi	ip 25S	S Ra	inge	36E ,N	MPM, Le	2.2			County		
	<u> </u>			<u> </u>	110				County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil							 	 			
•	22.29	or Condensate	1 . 1	1	ve address to w						
Name of Authorized Transporter of Casin	an Box 1188 - Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)										
	El Paso Natural Gas Company					Box 1492 - El Paso, TX 79978-1492					
If well produces oil or liquids, give location of tanks.		Sec. Tv		. Is gas actuall	-	When					
If this production is commingled with that	from any other		5S 36E			es I Ur	known				
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Compl. Ready to Prod.			xd.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	tion	Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe			
11015 0175	TUBING, CASING AN				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	ST FOR AL	LOWAR	L.F.	<u> </u>			1				
OIL WELL (Test must be after t				t be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu		<u>`</u>	,,			
	<u> </u>						165-1 6:				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
	<u> </u>			ļ							
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	A NICE	1			1				
					DIL CON	ISERV	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my l	cnowledge and	l belief.		Date	Approve	ىل ئائىــــ d	117	<u> 1990 </u>			
Bancon.					ORIGINAL SIGNED BY JERRY SEXTON						
Signature Bruce C. Macke, Production Mgr.					ByBYBYBYBYBYBYBY						
Bruce C. Macke	., Produc	ction Mg Tit						:			
10/23/89	2	14-363		Title							
Date		Telephor									

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.