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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |                              |
|--|--|------------------------------|
| Operator<br>Tahoe Energy, Inc.   |  | Well API No.<br>30-025-11168 |
| Address<br>3909 W. Industrial, Midland, Texas 79703  |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/><br>Recompletion <input type="checkbox"/> Change in Transporter of:<br>Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective November 1, 1991<br>Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |  |                              |
| If change of operator give name and address of previous operator   |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |           |
|--|---------------|--|--|-----------|
| Lease Name<br>King -Harrison "C"   | Well No.<br>3 | Pool Name, Including Formation<br>Jalmat Tansill Yates 7-R | Kind of Lease<br><input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal, <input type="checkbox"/> Fee | Lease No. |
| Location<br>Unit Letter L : 660 1980 Feet From The South Line and 660 Feet From The West Line<br>Section 20 Township 24S Range 37E, NMPM, Lea County |               |  |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |      |      |      |                            |        |
|---|--|------|------|------|----------------------------|--------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                               | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |        |
| Sid Richardson Carbon & Gasoline Co.  | 201 Main Street, Fort Worth, Texas 76102                                 |      |      |      |                            |        |
| If well produces oil or liquids, give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |

If this production is commingled with that from any other lease or pool, give commingling order number:

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 Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

V. TEST DATA AND REQUEST FOR ALLOWABLE

|   |                 |   |            |
|---|-----------------|---|------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) |                 |   |            |
| Date First New Oil Run To Tank  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 knowledge and belief.

Signature  
K. A. Freeman  
Printed Name  
10/29/91  
Date  
President  
Title  
915/697-7938  
Telephone No.

OIL CONSERVATION DIVISION

NOV 01 1991

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

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.

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OCT 21 1931

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