DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GAS GAS					•
OPERATOR PRORATION OFFICE	-				
Operator			1		
SABA ENERGY,	INC.				
4500 W. Illino	ois, Suite 213 Midland	. Texas 79703			
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please	explain)		
Recompletion	CII X Dry Go				
Change in Ownership	Casinghead Gas Conde	nsate			
change of ownership give name nd address of previous owner					
ESCRIPTION OF WELL AND	LEASE.			•	e e
Knight	Well No. Fool Name, Including F	x 7Rvs Queen 68 State, Feder		_	Lease No
Location	Jangire natti	· · · · · · · · · · · · · · · · · · ·			e
Unit Letter P :	660 Feet From The South in	ne and660	_ Feet From	TheEast	<u>:</u>
Line of Section 21 To	wnship 245 Range	37E , NMPM,			
IFSIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Lea County
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to	o which appro	oved copy of this f	orm is to be sent!
Pride Pipeline Name of Authorized Transporter of Ca	P.O. Drawer 2948, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)				
, , ame or spending property of or	Address (title address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connecte	d? Wh	oen	
f this production is commingled wi	th that from any other lease or pool,	give commingling order	numberi		
Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back Sa	ime Resty. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Deptn	<u> </u>		
Phonester (DE DVD				P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Otl/Gas Pay		Tubing Depth	
Perforations		Depth Casing Shoe		ho•	
······································	THRING CATING AND	CENENTING			
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
				STORE CEMENT	
					
FEST DATA AND REQUEST F	OP ALLOWADIE (T.				
Oll. WELL. Date First New Oil Run To Tanks	able for this de	fier recovery of total volum pth or be for full 24 hours)			to or exceed top allo
Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow,	pump, gas li	fi, eic.)	
Length of Test	Tubing Pressure	Casing Pressure	·	Choke Size	
Actual Prod. During Test	Oil-Bble,	Water - Bbis.			
·		water a Bare.		Gqa-MCF	
GAS WELL				<u> </u>	
ctual Prod. Test-MCF/D Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate	
Testing Method (pisos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-			
CERTIFICATE OF COMPLIANCE) CE			<u> </u>	برينه بخرين المستوالة
`		OILC		TION COMMI	SSION
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED NOV 9 1987 . 19			
		BYOrig. Signed by Paul Kautz			
		TITLE		Geologist	·
V.a.K.	د مو مرورون	This form is to	be filed in o	compliance with	RULE 1104.
(Signa	le)	If this is a reque	est for allow	vable for a newly	y drilled or deepen
KNER	101	tages taxen on the M	att IN SCCOL	Mance with MAI	.E 111.
11-3-12-	All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,				
(Da	(e)	man name of number,	or transport	en or other such	Change of condition
		Separate Forms completed wells.	C-104 must	be filed for e	ach pool in multip