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., Aztec, NM	87410

REQUEST FOR ALLOWABLE AND	AUTHORIZATION

I.	nc.	1 (230D):	OH A	LLOW	ABLE AN	D AUTHO	RIZATI	ON				
Operator		10 IH	ANSP	OHIC	JIL AND N	IATURAL		Weil AP				
TAHOE ENERGY,	INC.							MEII AP	NO.			
3909 W. Indus	strial. M	idland	Towns	707	70.2		- <u></u>					
Reason(s) for Filing (Check proper	box)	ruranu,	rexas	797		Other (Please ex	mlain)				<u></u>	
New Well Recompletion		Change in			,	Park (1 lease 2)	рши					
Change in Operator	Oil Casins	head Gas	Dry Ga Conden		J 1							
If change of operator give name and address of previous operator		JACO CAS	CORDER		J			 				
II. DESCRIPTION OF W	ELL AND I	Well No.	Dool No	ana Taub	41 - 40						,	
Jack B 26		3			ding Formation	a Rvrs Que		Cind of L	pase		Lease No.	
Location			<u> </u>		accin /	Graybu				032	1613	
Unit Letter	:-	1980	Feet Pro	m The _	South L		60	_ Feet Fi	non Th	e_ West		
Section 26 To	waship 2	4-S	Range	37-	E .				OIL III	<u> </u>	Line	
						VMPM,		Lea			County	
III. DESIGNATION OF T	RANSPORT Oil (X)	ER OF OI or Condens	LAND	NATI	JRAL GAS							
Phillips 66 Garl					Address (Gi	we address to w	hich appr	wed copy	of this	form is to be s	tent)	
Name of Authorized Transporter of	Casinghead Gas		or Dry G	** 🗀	Address (Gir	Box 5050 we address to w), Bar hich appro	tlesv wd com	<u>ille</u>	OK 74	4005	
El Paso Natural If well produces oil or liquids,	Gas Unit	Sec.	S (1 P. O.	<u>Box 1492</u>	2. E1	Paso,	Tex	as 7997	78	
give location of tanks.	K	1 26 1	Г wp. 24	Rge. 37	Yes		Į w	hen ?				
If this production is commingled with IV. COMPLETION DATA	that from any o	ther lease or po	ol, give	comming	ling order num	ber:	l					
V. COMPLETION DATA	·	···			·	·						
Designate Type of Complet	ion - (X)	Oil Well	Gen	Weij	New Well	Workover	Deeper	Plu	Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to P	rod.		Total Depth	l	L	P.B.	r D	I		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producina Ener			Ton Oil form			1				
			Top Oil/Gas Pay			Tubing Depth						
Perforations								Dept	1 Casin	g Shoe		
		TIRING C	ASING	AND	CENCENTER	NG RECORI		[
HOLE SIZE	CA	SING & TUBI	NG SIZE	E		DEPTH SET)			AOVO OFILI		
										SACKS CEME	:NT	
					 -							
TEST DATA AND REQUIL WELL (Test must be after				<u></u> -								
IL WELL (Test must be after black of the state First New Oil Run To Tank	Date of Ter	tal volume of l	oad oil a	nd must b	e equal to or e	exceed top allow	vable for ti	his depth	or be fo	r full 24 hour:	s.)	
	Date of 1es	-		ľ	LIOGUCINE MEN	hod (Flow, pum	vp, gas lift,	etc.)				
ength of Test	Tubing Pres	SILE			Casing Pressure			Choke	Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Rhis		Water - Bbis			Con	Gas- MCF				
								J. San	icr			
AS WELL												
ctual Prod. Test - MCF/D	Length of T	est		E	bls. Condensat	te/MMCF		Gravity	of Co	ndensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			- C	Chalco Since					
			Seeing 1 (count (Situt-III)			Choice	Choke Size					
I. OPERATOR CERTIFI												
I hereby certify that the rules and reg Division have been complied with an	ulations of the C	di Conservation	D		Ol	L CONS	SERV	ATIO	N D	IVISION	4	
is true and complete to the best of m	knowledge and	belief.	UVE		Data A	nnround		MA	IR 1	0 1988	}	
March	/				Dale A	Approved					·	
Signature Signature	n Re			-	By			Orig. S Paul	ignec	l by		
Dana L. Roepke	P1	coduction		rk	·- , 			Geo	Ogis!	CZ .		
Printed Name 3-7-89	a ·	Tide 15/697-4			Title				T.			
Date		Telephone		-								

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.

generalistics the desired

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