Subrut 5 Copies Appropriate District Office OISTRICT I 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

TO TRANSPORT OIL AND NATURAL GAS

						AND NA							
perator	<u></u>	I O I NA	IIVOI		III OIL	AND IV	(TON)	IL GA	Well A				
derit Energy Company									<u> 30-02</u>	5-116	01		
ddress 12221 Merit Drive, Sui	te 1040), Dal	las,	, T	X 7529	51							
eason(s) for Filing (Check proper box)				_			her (Plea	se explai	л)				
lew Well Change in Transporter of:						EFFECTIVE 12/1/91 1/1/92							
ecompletion U	Oil		Dry (닏	<u></u>	FFECT	IVE -		_1/1/92			
change in Operator X	Casinghead		Cond			10101 F	1 0			C+ - 100	Dolla	2 TV 750	
address of previous operator Bric	lge Oil	Compa	ny,	L.	Р.,	12404 F	ark C	entra	ur.,	Ste 400	, Dalla	s,TX 752	
DESCRIPTION OF WELL	AND LEA	SE											
case Name Langlie Mattix Queen l	Jnit	Pool Name, Includin			ng Formation ttix 7 Rivers Quee			_	Kind of Lease State, Federal or Fee		Lease No.		
ocalion	1	19	Lai	ıgı	ie Ma	CCIX /	RIVEL	s que	een				
Unit Letter	. 198	30	Feet	Fron	n The	s ,	ne and	198	30 F	et From The _	E	Line	
15	25												
Section / Township	, 25	Range 37E			, NMPM,				Lea		County		
I. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND	NATU	RAL GAS	;						
ame of Authorized Transporter of Oil		or Conde						ss to whi	ich approved	copy of this fo	orm is to be se	ent)	
NOT APPLICABLE - WATE		TION	or D	C		4 dd (C			: L				
anie of Authorized Transporter of Castal	great Cas	نــا	עיוט	ıy u	48	Address (O	ive adare	ss to wh	ich approvea	copy of this fo	rm is to be se	ent)	
well produces oil or liquids,	Unit	Sec.	Twp	.	Rge.	ls gas actua	lly conne	cted?	When	?			
ve location of tanks.			<u> </u>	اب		<u>!</u>						 -	
this production is commingled with that: /. COMPLETION DATA	irom any oth	er leads of	pool,	give	commingi	ing order nu	nber:						
		Oil Wel		Ga	s Well	New Wel	Worl	over	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1				<u>L</u>				<u> </u>		1	
ate Spudded	Date Com	pi. Ready t	o Prod			Total Debt	ı			, P.B.T.D.			
evauons (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormati	on		Top Oil Ga	s Pay		 	Tubing Dept	'n		
													
eriorations										Deput Casin	g Shoe		
		UBING	. CA:	SIN	G AND	CEMENT	TNG R	ECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
										+			
	<u> </u>					·							
. TEST DATA AND REQUES					,							,	
IL WELL (Test must be after that First New Oil Run To Tank	Date of Te		of loc	14 01	i and musi				mp, gas lift, i		or full 24 hou	ors.)	
	Date of 10					:	,	,		,			
gth of Test Tubing Pressure						Casing Pre	ssure			Choke Size			
actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF			
Oil - Bois.													
GAS WELL											·		
actual Prod. Test - MCF/D	<u> </u>						Bbls. Condensate/MMCF				Gravity of Condensate		
,	Tuhing Presque (Shutan)								Choke Size				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Cloke Size			
1. OPERATOR CERTIFIC	'ATF OF	COM	PJ.14	۸N	CE.	1				<u>.</u> .			
I hereby certify that the rules and regu							OIL	COV	ISERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									JAN 22'92				
to none one compress to the nest of my	LIOW REUGE 2	J				∥ Da	te App	orove	d	UNIT &	~ 02		
Chand	Ma	neli											
Signature Joe A Marek Exe	cutive	Vice 1	rec	. i d	ent	∥ _B y	0		<u>l signet.</u> Saelde (j.	<u>:</u>	5.7.1.19		
Printed Name	242170					11		₩:	erand with his				
1/15/92			Title	С		Tit	ρ						

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 weils.
- 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.