Submit 5 Copies
Appropriate District Office
DISTRICT 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, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. TO TRANSPORT OIL AND NATURAL GAS													
Operator BORDEAUX PETROLEUM COMPANY										II API No.			
Address 333 W. HAMPDEN AVE. SUITE 604, ENGLEWOOD, CO 80110													
Reason(s) for Filing (Check proper box)						her (Plea	se expla	in)	 				
New Well	Oil	Change in	Transp Dry G										
Change in Operator													
If change of operator give name and address of previous operator SAI	BA ENERG	GY, IN	С. Р	O. BOX	9931, 1	IIDLA	ND,	rx 79	707	<u> </u>			
II. DESCRIPTION OF WELL	Water Injector-Active												
Lease Name Knight WIW		Well No.		Wame, Includ glie Ma	ding Formation attix 7Rvs Queen∄&				of Lease		ease No.		
Location 14		5			West		131			South			
Unit Letter	_ :		Feet F	rom The	Li	e and _			et From The		Line		
Section 22 Townshi	245	Range		37E , NMPM, Lea						County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil N/A	Address (Gi	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing	chead Gas		or Dry	Gas	Address (Give address to which approve				d copy of this form is to be sent)				
If well produces oil or liquids,	Unit	Sec. Twp. Rge.			Is gas actually connected? When				1 7				
give location of tanks.	<u> </u>		İ			.		i					
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	Worke	over	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					<u> </u>	<u> </u>				Depth Casing Shoe			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET				SACKS CEMENT				
TIOLE OILE	Onlong & Tobing Size				DET ITI SET				SHORS CEWENT				
										· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to or	exceed t	on allon	able for this	depth or be f	or full 24 hour	·x.)		
Date First New Oil Run To Tank	Date of Test				Producing Mo					<u> </u>			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
rotter river Deling rot	Oil - Buis.				The state of the s								
GAS WELL			•				•						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	IIAN	CF					<u> </u>				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved								
Bruce 31-1-)-J-K	· 			Date	Mph	oveu						
Signature					By_				Orig. Si				
Bruce M. Patterson-Vice President-Engineering Printed Name Tite Operation					Paul Kautz Geologist								
3/13/90	(303)	/61-3	3/0/		ns Title.								
Date		Telep	hone N	o									

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.

F. MANNIED

MAR 29 1990

OCD HOBBS OFFICE