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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OLL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	•	w Mexico 87504-2088	
1000 Rio Brazos Rd., Aziec, NM 874	REQUEST FOR ALLOY	WABLE AND AUTHORIZA	
I.	TO TRANSPORT	OIL AND NATURAL GAS	
Operator BORDEAUX PETROLEUM	COMPANY		Well API No.
Address 333 W. HAMPDEN AVE.	. SUITE 604, ENGLEWOOD,	CO 80110	
Reason(s) for Filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of		
Recompletion	Oil Dry Gas Casinghead Gas Condensate	∐ ☐ Effectiv	e 3/1/90
If change of operator give name and address of previous operator	SABA ENERGY, INC. P.O. I	BOX 9931, MIDLAND, TX	79707
II. DESCRIPTION OF WEI			
Lease Name		cluding Formation	Water Injector -(SI) Kind of Lease No.
Knight WIW		Mattix 7Rvs Queen JB	Sales Enduration Fee
Unit Letter P	5 Feet From The	East Line and 5	s s South
		Libe and	Feet From The South Un
Section 21 Town	iship 245 Range	37E , NMPM, Lea	County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NA	TURAL GAS	
Name of Authorized Transporter of Oil	or Condensate		approved copy of this form is to be sent)
N/A Name of Authorized Transporter of Ca			
		Address (Give address to which a	pproved copy of this form is to be sent)
if well produces oil or liquids, ive location of tanks.		Rge. Is gas actually connected?	When 7
this production is commingled with the V. COMPLETION DATA	at from any other lease or pool, give comm	uingling order number:	
Designate Type of Completio	on - (X) Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. "
levations (DF, RKB, RT, GM, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
erfontions	. "		Tuoning Deput
			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUE IL WELL Test must be after			
ate First New Oil Run To Tank	recovery of total volume of load oil and m.	ust be equal to or exceed top allowable	for this depth or be for full 24 hours.)
	Date of Yest	Producing Method (Flow, pump, ga	s tyt, etc.)
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
SAS WELL			
ctual Prod. Test - MCF/D	Length of Test	100-7-7	
		Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
I hereby certify that the rules and regu	lations of the Oil Conservation	OIL CONSE	RVATION PHYSIONOR
Division have been complied with and is true and complete to the best of my	that the information given above		MAK 373 MYU
	anowiedge and belief.	Date Approved	
Druce My	atterses		nie Sioned by
Signature Truce M. Patterson-Vi	ce President-Engineerin	By	Drig. Signed by: Paul Kautz
Printed Name 3/13/90	(303) 761-3707 Title Operat	~ 11	Geologist
		11	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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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HO. OF COPIES REC			
DISTRIBUTE	Π		
SANTA FE			
FILE			
U.S.G.S.	Ī		
LAND OFFICE			
TRANSPORTER	OIL		
INAMOPORTER	GAS		
OPERATOR			
BECENTION OF	1		

HO. OF COPIES RECE			-						
		, -	1						
DISTRIBUTION		.EW MEXICO OIL CONSERVATION COMMISSIC. Form C-104							
SANTA FE				FOR ALLOWABLE				04 and C-11	
FILE			AND Effective 1-1-65					0.000 0-170	
U.S.G.S.			AUTHORI	ZATION TO TRA	ANSPORT OIL AND	NATURAL C	AS		
LAND OFFICE			I		The second second	ANTONAL G	73		
TRANSPORTER	OIL GAS					•			
OPERATOR PROPATION OFF	ICE								
Operator SABA	ENERC	GY,	INC.						
Address				my 7	0707				
Reason(s) for filing (Box S			and, TX. 7		ise explain)			
New Well			Change in Tr	ransporter of:	Omer (7 tea	ise explain)			
Recompletion	Ħ		CII	Dry Go	,				
Change in Ownership	M		Casinghead (F 1				
f change of owners) and address of previ	hip give na ious owner	eme C	lyde Petr	oleum, Inc	.; P.O. Box	1666; Bre	eckenri	dge, TX	. 76024
DESCRIPTION OF									
Lease Name Knia	ht Wiw			nalio Matt		Kind of Lease State, Federal	or Fee		Lease No.
Location					ix 7Rvs Ouee	111	<u>F</u>	ee	
Unit Letter P	;-	5	Feet From T	The <u>East</u> Lir	ne and5	Feet From T	he <u>Sou</u>	<u>th</u>	
Line of Section	21	Tow	nship 24S	Range	37E , NMF	РМ,	Lea		County
DESIGNATION OF	F TRANS	PORT	ER OF OIL AN	ND NATURAL GA					
Name of Authorized 7	fransporter	of Oil	or Cond	er.sate	Audress (Give addres	s to which approve	d copy of thi	s form is to be	sent)
Name of Authorized T	Fransporter	of Cast	inghead Gas	or Dry Gas	Audress (Give addres	s to which approve	ed copy of thi	s form is to be	sent)
			Unit Sec.	Twp. Age.	Is gas actually conne	cted? When		······································	
If well produces oil of give location of tanks					7-7	1			
this production is COMPLETION DA	commingl	ed with	n that from any o	ther lease or pool,	give commingling ord	ler number:			
Designate Type		nlatio	OII W	Well Gas Well	New Well Workover	Deepen	Plug Back	Same Restv. I	Diff. Res'v.
Designate Type	e or com	pierio	1 - (A) 1	1	1	į		ı į	
Date Spudded			Date Compl. Read	ly to Prod.	Total Lepth		P.B.T.D.		
(DE D.)									
Elevations (DF, RKB	, RT, GR, e	etc.,	Name of Productin	g Formation	Top Ctl/Gas Pay		Tubing Dept	h	
Perforations					Depti		Depth Casin	Casing Shoe	
			TUB	ING CASING AND	CEMENTING RECO	IPO			
HOLES		· · · · · · · · · · · · · · · · · · ·		TUBING SIZE	T			2142 2214	
HOLES	3126		CASING &	TOBING SIZE	DEPTH	SET	SA	CKS CEMENT	
· · · · · · · · · · · · · · · · · ·									
					 				
				***************************************	<u> </u>				
	DECEMBER 1		D ALL OWARY	r					
TEST DATA AND	REQUES	ST FO	R ALLOWABL	L. (Test must be a	fter recovery of total vo pth or be for full 24 hou	lume of load oil as	nd must be eq	ual to or excee	d top allow•
OII. WELL Date First New Oil R	un To Tank		Date of Test	dote for thin de	Producing Method (Fi		, etc.)		
Length of Test			Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During T	rest		Oil-Bhis.		Water - Bble.		Gas-MCF		
GAS WELL									
Actual Prod. Test-M	CF/D	Ĭ	Length of Test		Bbls. Condensate/MM	CF	Gravity of C	ondensate	
Testing Method (pitot	t back pr. I		Tubing Pressure	ghut-in	Cooley Broom & Cooley	4-3			
	, , , ,			serc-tu l	Casing Pressure (Sht	it-18)	Choke Size		
ERTIFICATE O	F COMPL	JANC	E		OIL	CONSERVAT	TION COM	MISSION	
hereby certify that the rules and regulations of the Oil Conservation commission have been compiled with and that the information given		APPROVED	DEC 2	- 1986 -					
bove is true and c	complete t	o the	best of my know	wledge and belief.	BY	orig. Signed by Paul Kautz	У		
					TITLE				
.6		, ,				to be filed in co	ompliance w	ith RULE 110	
\mathcal{N} .	· U. K	tna	well s		If this is a re	quest for allows	ble for a ne	wly drilled or	deepened
	,	(Signat	we)		well, this form mu	at be accompan	ied by a tab	ulation of the	
<i>E</i>	ng	<u>~</u>		· · · · · · · · · · · · · · · · · · ·	tests taken on the				for all
_		(Title	!)	į	able on new and	of this form must recompleted wel		ar completely	tol gilom-
	11-1	9-	86	i	Fill out only	Sections I. II.	III, and VI	for changes	of owner.
		(Date	!)		well name or numb	er, or transporte	r, or other a	ich change of	condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.