1		1 -					
Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240		State of New Mexico Energy, Minerals and Natural Resources Departmen					
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O.	ATION DIVISION Box 2088	See Instructions at Bottom of Page				
DISTRICT III 000 Rio Brizos Rd., Aztec, NM 87410		Mexico 87504-2088					
	REQUEST FOR ALLOW	ABLE AND AUTHORIZAT	ΓΙΟΝ				
BARER WELL S	SERVICING COMPANY	ALL AND MATOMAL CAS	Well API No.				
ddress			30-025-21401				
P.O. BOX 177 Lesson(s) for Filing (Check proper box)							
iew Well	Change in Transporter of:	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·				
Lecompletion	Oil 🗹 Dry Gas 🗌]					
change of operator give name							
d address of previous operatorC . DESCRIPTION OF WELL	CAPROCK OIL & GAS, INC.	P.O. Box 828 AND	REWS, TX. 79714				
ease Name	Vell No. Pool Name, Incl.	uting Formation	Kind of Lease Lease No.				
J.F. BLACK		Mattix Seven Rivers	Kind of Lesse Lesse No.				
Unit Letter K	. 1980 Bathan	Queen FSL Line and 2030					
0.1	res rom in the		Feet From The FWL Lin				
Section 21 Townsh	ip 24S Range 3	37E NMPM, LEA	A County				
. DESIGNATION OF TRAN	SPORTER OF OIL AND NAT	URAL GAS NOTE: SH	nut-in at present				
LANTERN PETROLEUM C	IXXX OF Condensate	Address (Give address to which a	oproved copy of this form is to be sent)				
me of Authorized Transporter of Casin		P.O. Box 2281 N Address (Give address to which as	<u>fidland, Tx. 79701</u>				
El Paso Nat'l Gas well produces oil or liquids,	Unit Sec. Two. Res	<u> </u>	<u>e El Paso, Tx 79901</u>				
e location of tanks.		-	V/hea ?				
his production is commingled with that : COMPLETION DATA	from any other lease or pool, give commin	gling order number;					
Designate Type of Completion	Oil Well Ges Well	New Well Workover De	epin Plug Back Same Res'y Diff Res'y				
ve Spudded	Dete Compl. Ready to Prod.	Total Depth					
valions (DF, RKB, RT, GR, etc.)			P.B.T.D.				
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
forations			Depth Casing Shoe				
	TUBING CASING ANT	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
TEST DATA AND REQUES	T FOR ALLOWARIE						
	scovery of total volume of load oil and mus	t be equal to or exceed top allowable.	for this depth or be for full 24 hours.)				
e fue new Où Rua To Taak	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)				
gth of Test	Tubing Pressure	Casing Pressure	Choke Size				
ual Prod. During Test	Oil - Bble.	Welcr - Bhis					
-		vruuvs - affalla	Gas- MCF.				
AS WELL und Prod. Test - MCF/D							
	Length of Test	Bols. Condensaie/MMCF	Gravity of Condensale Choke Size				
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)					
OPERATOR CERTIFICA							
hereby certify that the rules and regular	tions of the Oil Concernation	OIL CONSEI	RVATION DIVISION				
Division have been complied with and the strue and complete to the best of my kn	hat the information gives above		MAD 9 2 MA				
FAM. 1		Date Approved	MAR 2 2 1991				
Signature	/						
G.A. Baber	President	2 States	and the second second				
02/01/91	تلبلة (505) 393-5516						
Date	Telephone No.						

4 . .

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 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

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



OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSF	PORT OI	AND NATURAL G					
Operator CAPROCK OIL & GAS,		Well API No. 30-025-21401								
Address P () Box 828 Andrea		70-	717		· · ·		029-214	01		
P. O. Box 828, Andre Reason(s) for Filing (Check proper box)	ws, iex		14	<u> </u>	Other (Please expl	ain)			<u></u>	
New Well		Change in	Trans	porter of:		401)				
Recompletion	Oil		Dту (• • • • • • • • • • • • • • • • • • • •					-	
Change in Operator	Casinghea	id Gas 🗌	Cond	ensate						
If change of operator give name and address of previous operator <u>Dav</u>	<u>id H. A</u>	Arringt	on	<u>0i1 & G</u>	as, Inc., P. O.	<u>Box 3109</u>), Midla	nd TX	79702	
II. DESCRIPTION OF WELL	AND LE									
Lease NameWell No.Pool Name, IncludJ. F. Black5Langlie Ma					ing Formation ttix Seven River	of Lease Lease No. Federal or Fee				
Location	: 198	0								
Unit LetterK			Feel	From The	<u>FSI.</u> Line and <u>2030</u>	/ Fe	et From The _	<u> </u>	Line	
Section 21 Township			Rang			ea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conder		ND NATU	RAL GAS Note: S Address (Give address to wi		at press		eni)	
Texas New Mexico Pip	eline (P. O. Box 252				· ·	
Name of Authorized Transporter of Casing El Paso Natural Gas				ry Gas 🛄	Address (Give address to wi			orm is to be se	ent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	. is gas actually connected? When ?					
give location of tanks. If this production is commingled with that i	fmm any of				ling order numbers					
IV. COMPLETION DATA	noni any ou	ICI ICABE OI	poor, į	give continuing	ling order number:					
Designate Type of Completion	- (X)	Oil Weth		Gas Well	New Well Workover	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			D n	Top Oil/Gas Pay		Tubing Dept	Tubing Depth		
Perforations					Depth Casing Shoe			a Shoa		
							Depui Casili	g shoe		
	T	rubing,	CAS	ING AND	CEMENTING RECOR	D	•			
HOLE SIZE		SING & TU	JBING	SIZE	DEPTH SET	5	SACKS CEMENT			
				·						
V. TEST DATA AND REQUES	T FOR A		ARLI	F						
-					t be equal to or exceed top allo	owable for thi	s depth or be f	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te		·		Producing Method (Flow, pu					
Length of Test	Tubing Pre	essure			Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.	Gas- MCF				
	<u> </u>									
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	PLIA	NCE	-					
I hereby certify that the rules and regula					OILCON	ISERV	ATION I	DIVISIC)N	
 Division have been complied with and t is true and complete to the best of my k 			en abo 7 /	ve						
			/	/	Date Approve	d		· · ·		
HAM	$5/\rho$	Kt	1	no						
Signature					By By					
Alvin Collins, Pres	<u>sident</u>		Title							
November 1, 1990		(915)		<u>-65</u> 00	Title					
Date			phone							

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