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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 Departurent

Form C-104 Revised 1-1-89 See Instruction 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
Prime Operating Co	mnanv				182	999 -		-025- 214	460 V	_	
Address	mpuny						1		<u> </u>		
731 W. Wadley, Bld	q. L-22	20, Mi	dlan	d, TX 79	9705						
Reason(s) for Filing (Check proper box)	<u> </u>	<u> </u>				t (Please expl	ain)				
New Well		Change in	Transp	orter of:							
Recompletion	Oil		Dry G	85 📙							
Change in Operator	Casinghead	i Gas 🔲	Conde	namie 🗌							
f change of operator give name	Enorm	, Corn	orat	ion 16	25 Larim	er Suit	te 2403	. Denver	. CO 802	02	
ind address of previous operator			orac	1003 10			<u> </u>	<u> </u>			
Lease Name Well No				lame, Includi	ng Formation			of Lease		ease No.	
Lease Name Wells B-1	3	Ja	1mat/Tn	sl-Yts-7 Rvrs(Gas) State			Federal or Fee LC-032582B				
Location	6.0	60			North	14	550	_	West		
Unit Letter	:	30	Feet F	rom The	North Lin	and	<u> </u>	eet From The		Line	
Section 1 Township	259	S	Range	36 <u>E</u>	, NI	MPM,	_ea			County	
					DAT CAS						
III. DESIGNATION OF TRANS	SPORTE	or Conden			Address (Giv	e address to w	hich approve	d copy of this	form is to be s	eni)	
A Transfer of Tran					1			77251-1188			
Enron Oil Trading & Tra		<u> </u>	سرا س	Gag XXX				d copy of this)		ent)	
Name of Authorized Transporter of Casing	_	inc	GI DIT)	, ∽= K ₹XX	1					·	
Sid Richardson Carbon &	Unit Unit	Sec.	Twp. Rge.		201 Main, Ft. Wort Is gas actually connected?			When?			
If well produces oil or liquids, give location of tanks.	lom l	1	25	: -	Yes			11-23-68			
If this production is commingled with that f	nom any oth	er lease or									
IV. COMPLETION DATA	IOIII any Our	er round or	pout, g	· · · · · · · · · · · · · · · · · · ·							
Designate Type of Completion	. M	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		al. Ready to	Prod		Total Depth	<u> </u>	_L	P.B.T.D.	J		
Date Shraner	Date Comp	A. N.	, , , , ,								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations								Depth Casi	Depth Casing Shoe		
	7	UBING.	CAS	ING AND	CEMENTI	NG RECO	ND .				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
HOLE SIZE		31113 4 11		<u> </u>							
	 										
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	2							
OIL WELL (Test must be after n	ecovery of so	stal volume	of load	l oil and must	be equal to o	exceed top al	lowable for t	his depth or be	for full 24 ho	<u>urs.) </u>	
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow, p	nump, gas lift	, esc.)			
									Chata Sina		
Length of Test	Tubing Pressure			Casing Press	ure		Choke Size	Choke Size			
								C MCE	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbla	L		Gas- MCF	Gas- MCF			
					<u> </u>						
GAS WELL											
tual Prod. Test - MCF/D Length of Test				Bbis. Conde	nmic/MMCF		Gravity of	Gravity of Condensate			
								- A-	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pn	essure (Shu	t-in)		Casing Pres	sure (Shut-in)	*;	Choke Siz	e •		
							1.6			_	
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		~!! ~ ~	NOCO	/ATION	שואופוי	ON!	
I hereby certify that the rules and regulations of the Oil Conservation					11	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					OCT 1 3 '92						
is true and complete to the best of my knowledge and belief.					Dat	e Approv	ed		F 1,24		
//_///	V, na	1									
MAIN WELL					By.	OBJOINA	i Canadan	SA IEDDA	CHVTCAL		
Signatur Earl W. Levea District Manager					by-	By ORIGINAL STONED BY JERRY SEXTON SEATON SE					
Printed Name Earl W. Levea District Manager Title					Title						
10 /2/97	Q1 F	682-56			III I ITIE						
Date			iephone	No.							
			_								

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.