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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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TO TR	ANSF	PORT	OIL AND N	ATURAL	GAS	•		
j -	T							II API No.	······································	<del></del>
Tahoe Energy,	inc.							30-025-	-24071	
3909 W. Indust	rial Midl.	ond m		70700						
Reason(s) for Filing (Check pro	one barl	and, lex	xas	79703						
New Well	per out)	Change i	n Transo	orter of:	C	ther (Please ex	(plain)			
Recompletion	Oil	Criange	Dry G		[	Effecti	ve Nove	mber 1,	1991	
Change in Operator	Casing	head Gas 🔯			Ī					
If change of operator give name and address of previous operator					,		<del></del>			
		-		<del></del>		·	<del></del>		······	
II. DESCRIPTION OF	WELL AND L		T	<del> · - · - · · · · · · · · · · · · · · </del>						
King-Harrison	"C"	Well No.	1		ding Formation		Kin	d of Lease		Lease No.
Location			l har	imat T	ansill Y	ates 7-F	2 XX	EX POSSON XXX	ee	
Unit Letter K	. 1	700	East E	Th	South	1.0	0.0			
			. rea m	om the _	South L	ne and $\phantom{00000000000000000000000000000000000$	80	Feet From The	<u>West</u>	Line
Section 20	Township 24S		Range	37E	, N	IMPM, T	ea			_
III. DESIGNATION OF	TDANCRORM	En An					E.a	··		County
III. DESIGNATION OF Name of Authorized Transporter	of Oil	or Conden	L AN	D NATU	JRAL GAS					
None		or contract	MIE		Address (Gi	ve address to n	hich approve	d copy of this	form is to be	seni)
Name of Authorized Transporter	of Casinghead Gas		or Dry (	ias 🔀	Addman (C:			·-·-		
Sid Richardson	Carbon & Ga	asoline	Co.	<u></u>	201 May	ve address to w	hich approve	d copy of this	form is to be s	sens)
If well produces oil or liquids, give location of tanks.	Unit		Twp.	Rge.	ls gas actuali	in Stree y connected?	t. Fort	Worth.	Texas	76102
<del></del>		<u> </u>		1	1		Whe	a 7		
If this production is commingled w IV. COMPLETION DAT	rith that from any or	her lease or p	ool, give	comming	ing order numi	ber:				
COM BETON DAT	<u> </u>						······································			<del></del>
Designate Type of Comp	letion - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to I	Prod.		Total Depth		L	L	Ĺ	i i
		•						P.B.T.D.	-	
Elevations (DF, RKB, RT, GR, etc.,	Name of P	roducing Forr	nation		Top Oil/Gas P	ay		Takin D	<del></del>	
erforations								Tubing Depi	ħ	
								Depth Casing	g Shoe	
	7	UDDIC O	LA CINIC	<del></del>						
HOLE SIZE	CAS	SING & TUB	WC SIZ	J AND (		IG RECORI	)			
			110 312	-			SACKS CEMENT			
. TEST DATA AND REQ	UEST FOR A	LLOWAR	1 10							
IL WELL (Test must be a	ofter recovery of tour	d volume of l	LE ord oil a							
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·		F	roducing Meth	iceed top allow od (Flow, pum	able for this	depih or be for	r full 24 hours	5.)
ength of Test						co (r low, pun	p, gas iyi, eli	:.)		
entan or test	Tubing Press	rite		C	asing Pressure	Choke Size				
ctual Prod. During Test	O'T PL	Oil - Bbis.						Gas- MCF		
	Oil - Bbis.									
SAS WELL										
ctual Prod. Test - MCF/D	II amount of the								<del></del>	
	Length of Te	st.		В	bis. Condensate	MMCF	10	Gravity of Con	densate	
ng Method (pitot, back pr.) Tubing Pressure (Shi		ire (Shut-in)			Casing Pressure (Shut-in)					
		(MIM-III)			eing Pressure	(Shut-in)	(	Choke Size		
L OPERATOR CERTIF	ICATE OF C	OMPLIA	NCF		<del></del>					
I necessy certify that the rules and re	oulations of the Cu	C		'	OIL	_ CONS	ERVA"	רוטא די	MISION	1
Division have been complied with and that the information given above strue and somplete to the best of my knowledge and belief.				- 11	OIL CONSERVATION DIVISION					
7.60		) )			Date A	pproved		, v. ' A	4 /-	
- Life Commission	19 62 - Charles - 19 19 19 19 19 19 19 19 19 19 19 19 19						<del></del>		<del>1 1991</del>	
Signature				-						
K. A. Freeman President			_	By Section Canental Labor Section						
10/29/91	Intel Name				Title					
Date		Telephone		- 11			· · · · · · · · · · · · · · · · · · ·			<del></del>
		- oropitotis	. ~.							

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.
- 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.

OCT 3.1.1991