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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|---|--|--|---------------------------------------|
| Operator | Estacado, Inc. | Well API No. | 30 025 24154 |
| Address | P. O. Box 5587, Hobbs, New Mexico 88241 | | |
| Reason(s) for Filing (Check proper box) | <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | Last previous C-104 erroneously named |
| Recompletion | <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Sid Richardson Carbon & Gasoline Co. |
| Change in Operator | <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | as Transporter. |
| Change of operator give name | | | |
| and address of previous operator | | | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|------------|---|----------|---|--------------------------------|---------------------|---------------|---|-----------|----|
| Lease Name | VANCE 30 | Well No. | 3 | Pool Name, Including Formation | DOLLARHIDE DEVONIAN | Kind of Lease | State, Federal or <input checked="" type="checkbox"/> Fee | Lease No. | -- |
| Location | Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line | | | | | | | | |
| | Section <u>30</u> Township <u>24-S</u> Range <u>38-E</u> , NMPM, Lea County | | | | | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|--|-----------|-----------|----------------------------|---------------|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| <u>El Paso Natural Gas Company</u> | | | | | | |
| Name of Authorized Transporter of Casinghead Gas | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| <u>EL PASO NATURAL GAS COMPANY</u> | | <u>Box 1492, El Paso, Texas 79978</u> | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | <u>N</u> | <u>30</u> | <u>24</u> | <u>38</u> | <u>Yes</u> | <u>7/2/72</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v | <input type="checkbox"/> 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 | | | | | Depth Casing Shoe | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

III. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Donald L. Garey President
Printed Name Donald L. Garey Title
Date 8/8/90 Telephone No. (505) 393-6300

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.