State of New Mexico

Submit 5 Copies
Appropriate District Office
DISTRICT 1

**DISTRICT II** 

DISTRICT III

<sup>12</sup>. O. Box 1980, Hobbs, NM 88240

P. O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Departmen'

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

I.																
Operator												API No. 025-24345				
Address																
777 Taylor St., Penthouse II-A,	Ft. Worth	Club To	wer, F	t. Wor	th, 7	<u> </u>	6102	41a./	'Diana av	-lain)						
Reason (s) for Filling (check proper box)	CL	nge in Tran	enorter :	of.		Ŀ			Please exp ECTIVE		. 1. 10	094				
New Well Recompletion	Oil	EFFECTIVE APRIL 1, 1994														
Change in Operator X	Casinghead G	as		Dry Gas Condensa	ue [											
If change of operator give name																
and address of previous operator	Chevron L	J.S.A., L	nc., P.	O. Box	115	0,Mic	iland,	TX	79702							
II. DESCRIPTION OF WELL A	AND LEAS!	E														
Lease Name		Well No	. Pool	Name, In	cluding Formation						1	of Lease	Lease N	lo.		
West Dollarhide Devonian Unit		118		Dollari	nide	Devo	nian	18	050		State,	Federal or Fee				
Location Location		110	<u> </u>	DUIIGIT	nuc	DCVO	шип	70	- 2-0-		L					
				_			_		_	1.400		n . n . m	NE7 4 7 1			
Unit Letter K	_ :	2540	Feet F	rom The	- 3	South	L	ine a	nd	1420		Feet From The	Lı	ne		
Section 33 Township	248	Range		38E			<b>,</b> ]	NMP	M,		Lea		County			
III DESIGNATION OF TRANS	SPORTER	OF OIL	AND	NATII	RAI	L GAS										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)																
-						D.C	O D ##40 M A D CO 98045									
Texas New Mexico Pipelino							b. Box 5568 T.A., Denver, CO 80217 which approved copy of this form is to be sent)									
Sid Richardson C: rbon	me of Authorized Transporter of Casinghead Gas  Richardson C: rbon  O ZOSO 9										01 Main St., Ste. 2300, Ft. Worth, TX 76102					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		Is gas a	as actually connected?				?					
give location of tanks.							Yes			Unknown				İ		
If this production is commingled with that for	nom any other i	lease or po	ol give o	omminal	ing o				· -	ــــــــــــــــــــــــــــــــــــــ		CHRHOWH				
IV. COMPLETION DATA	iom any outer i	tease or po	oi, give c	ommingi	шво	iluci nu										
IV. COMPLETION DATA		Oil We	ll Gas	s Well	New	Well	Workov	/ег	Deepen	Plugb	ack	Same Res'v	Diff Res'v			
Designate Type of Completion	- (X)															
Date Spudded	Date Compl. I						Total Depth				P. B. T. D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubin	Tubing Depth					
Peforations	Peforations Depth Casin; g															
TUBING, CASING AND C							EMENTING RECORD									
HOLE SIZE						DEPTH SET					SACKS CEMENT					
	<u> </u>	<del></del>			-					+						
V. TEST DATA AND REQUES	T FOR AL	LOWAI	BLE													
OIL WELL (Test must be after re		l volume oj	load oil	and musi									hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump					mp, gas	ип, екс	·.)							
Length of Test	Tubing Pressure					Casing Pressure					Choke Size					
							Water - Bbls.					Gas - MCF				
Actual Prod. During Test	Oil - Bbls.				wat	ær - 1301	۵.			Uas -	NICL					
GAS WELL	<del></del>				•					_		<del></del>				
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF					Gravity of Condensate					
	Tubing Description (Character)					Code Decomp (Chart in)				Clark	Choke Size					
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)					Casing Pressure (Shut - in)				Cnok	Choke Size					
I hereby certify that the rules and regulations of the Oil Conservation							(	OIL	CON	SER		TON DIVIS				
Division have been complied with and that the information given above							APR 05 1994									
is true and complete to the best of my knowledge and belief.							Appro	ove	u				•			
Rick Vandershie																
Signature							Title ORIGINAL SIGNED BY JERRY SEXTON									
Rick Vanderslice Oper. Mgr.								_ <u>_</u> _	KIGINA	<del>e don</del> Fishby	nasi D	PERVISOR				
Printed Name	Titl	le (5)685-19	_						L/3	J 17616						
3/31/94	1															

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.
- 3) Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.