Submit 5 Copies Appropriate Dustrict Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	Energy, Minerals and OIL CONSER	of New Mexico Natural Resources Department VATION DIVISION	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 874	Santa Fe, Ne	D. Box 2088 w Mexico 87504-2088 WABLE AND AUTHORIZATIC	N
I. Operator		OIL AND NATURAL GAS	
Tahoe Eneryg, Inc.			/ell API No. 30–025–24609
Address	M: 11 1		
3909 W. Industrial, Remen(s) for Filing (Check proper bo New Well			ovember 1, 1991
Change in Operator	Casinghead Gas 🔀 Condensate		
and address of previous operator			16-1-1
II. DESCRIPTION OF WEL			
Harrison			ind of Lease No. Lease No
Location			- <u> </u>
Unit LetterA			Feet From The East Line
Section 7 Town	ship 25S Range 37	7Е , №МРМ, Lea	County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NA	TURAL GAS	
Name of Authorized Transporter of Oil Scurlock Permian C		Address (Give address to which appro P.O.Box 4648, Housto	
Name of Authorized Transporter of Car		Address (Give address to which appro	
Sid Riachrad Carbon		201 Main Street, For	
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. J		nen ? 7-19-74
If this production is commingled with th	at from any other lease or pool, give comm	jungling order number:	/=19=/4
IV. COMPLETION DATA			
Designate Type of Completio	n - (X)	New Well Workover Deeper	Plug Back Same Res'v Dilf Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
······································	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUE	ST FOD ALLOWARLE		
		ust be equal to or exceed top allowable for t	his depth on he for full 24 hours)
tete First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbis	Gas- MCF
	Oli - Bbis.	Waler - DDis.	UM-MCF
GAS WELL			
ciual Prod. Test - MCF/D	Lough of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L OPERATOR CERTIFIC I hereby certify that the rules and regul	ations of the Oil Conservation	OIL CONSERV	ATION DIVISION
Division have been complied with and that the information given above is true and complete to the Best of my knowledge and belief.		Date Approved	
R. Care Marine	Mathematical and the second		
	Contractor	D. URIGINAL MALE	A SEMTAN
Signature K.A. Freeman	President	ByORGINAL SECO	BURNY SEXTON
Signature		By <u>ORIGINAL SECAL</u> 28513807	

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.

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.

