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Appropriate District Office
DISTRICT 1
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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		TO TH	ANS	PORTO	IL AND NA	TURAL C							
Operator Tahoe Energy, Inc.							V	Vell .	API No.		, 7 2		
Address	**				<del></del> -				20-0	125-2	56 L		
3909 W. Industrial,	Midland	. Texa	ς .	79703									
Reason(s) for Filing (Check proper box,	)	, 10114		17103	Otl	her (Please exp	olain)		<del></del>		<del></del>		
New Well		Change in	n Tran	sporter of:		•	•						
Recompletion	Oil		Dry	_		EFFE	CTIVE	SE	PTEMBER	1, 198	9		
Change in Operator X	Casinghea	d Gas	Con	densate									
If change of operator give name and address of previous operator	eridian (	0il Pr	odu	ction, ]	Inc. 21	Desta,D	rive,	Μi	dland.	Texas	79705		
II. DESCRIPTION OF WELL	L AND LE	ASE									12142		
Lease Name	Weli No.			ling Formution				of Lease	>	Lease No.			
King Foundation et a	11	1	L	anglie N	lattix (	ueen) -ز	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ule,	Federal or Fe	<u>*/                                    </u>			
Unit LetterE	. 23	10		N	Jorth	2.2	0						
Unit Letter	_ :		_ Feet	From The	North Lin	e and33	<u>U-</u>	_ Fe	et From The	West	L	ine	
Section 20 Towns	hip 24-S		Rang	ge 37-E	, N	MPM, L	ea				County		
III. DESIGNATION OF TRA	NSPORTE	R OF O					<u> </u>				County		
Name of Authorized Transporter of Oil	ΓẌ́	or Conden				e address to w	hich appro	oved	copy of this	form is to be	sent)		
CITGO Petroleum Corp		Address (Give address to which approved copy of this form is to be sent)  Post Office Box 272, Odessa, Texas 79760-0272											
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)							1.7.2	
El Paso Natural Gas					Post Of	ice Box						)	
If well produces oil or liquids, give location of tanks,	Unit     E	Sec.	Twp.		is gas actuali	y connected?	l W	hen	?				
If this production is commingled with the		20		-S 37-E	Yes	<u> </u>		10-	-26-77				
IV. COMPLETION DATA	i nom any one	er icase or j	poor, g	nve comming	ling order numi	Der:					<del> </del>		
	<del></del>	Oil Well		Gas Well	New Well	Workover	<u> </u>			la			
Designate Type of Completion	1 - (X)		i			WOLLOVE	Deepe	1 a:	Mug Back	Same Res'v	Diff Res'	1	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			4	P.B.T.D.	l			
Florette /DE DVD DV GD													
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations								D					
									Depth Casin	g Shoe			
	T	JBING.	CASI	ING AND	CEMENTIN	IG RECOR	<u> </u>	!					
HOLE SIZE	_	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
								SHORD DEMENT					
										**************************************	<del></del>		
	<del> </del>												
. TEST DATA AND REQUES	T FOR AT	LOWA	RIF					$\perp$					
OIL WELL (Test must be after r					he equal to one	wasad ton all-					_		
Date First New Oil Run To Tank	Date of Test			OH WAS HUBST E	Producing Met	hod (Flow nu	ma oas life	inus a	tepth or be for	or full 24 hou	rs.)		
		Producing Method (Flow, pump, gas lift, etc.)											
ngth of Test Tubing Pressure					Casing Pressure Choke Size							ᅱ	
retuet Daniel Daniel Torri	ļ	Oil - Bbls.				Water - Bbis.							
ctual Prod. During Test	Oil - Bbls.									Gas- MCF			
NAC TYPOT I	L				<del></del>		····					]	
GAS WELL  Could Prod. Test - MCF/D	11												
Man Flod. 16st - MICF/D	Length of Ter	SL			Bbls. Condensa	te/MMCF		(	Gravity of Co	ndensate			
sting Method (pitot, back pr.)	Tuhing Press	Tubing Pressure (Shut-in)											
A result (Sufficial)				["	Casing Pressure (Shut-in)				Choke Size				
L OPERATOR CERTIFICA	ATE OF C	OMDI	IAN	ICE	<del>, , , , , , , , , , , , , , , , , , , </del>								
I hereby certify that the rules and regula	tions of the Oil	Conservat	iion iion		0	IL CON	SERV	/A <sup>-</sup>	TION F	NIVISIO	N		
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my ki	nowledge and t	belief.		]]	Date A	Approved	1		SE	P 28	1988		
In A.						• •							
X.a. Green and					Ву	ORIG	INAL SIC	3NE	D BY JER	OV CEU	••-		
K. A. Freeman President					<i>-</i>		DISTRE	CT I	SUPERVI	<u>rı &gt;tXTO</u> SO¤	M		
Printed Name		Ti	tie	Į i	Title_	ing.			- ** # 1	in and the			
September 26, 1989	915	6/697-7			11116								
		Telepho	one 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.

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