Submit 5 Copies
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, Anesia, 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 TRANSFORT OIL AND NATURAL GAS

Operator EMERGY T	MC (OCD II				022120)			30-025-25659			
TAHOE ENERGY, I	NC .	C. (OGRID						<u> </u>			
3909 W. Industr	ial Ave	Midla	and,	Texas	79703						
Reason(s) for Filing (Check proper box)			<u> </u>	. <u></u>	Oth	et (Please expl	ain)				
New Well		hange in T		er of:		Effecti	ve 2-01	-94			
Recompletion L_	Oil		Ory Cas			ETTECLI	.ve 2-01	- 34			
Change in Operator	Casinghead C	ias 🔝 (Condensa	ite							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEAS	Œ									
Lease Name	e Name Well No. Pool Name, Incl						Kind	of Lease No.			
M. E. Hale		2	Lan	glie	Mattix S	SR-QN-GB	State,	Reducation Pe	e B-	2317	
Location	205	. c		NT.	0 m + h	860)		East		
Unit Letter H	_ :225	F	Feet From	n The	orth Lin	e and	F	et From The .		Line	
Section 2 Townsh	ip 25S	F	Range	37	E . N	MPM,	Lea	ı		County	
	·r			· · · · ·							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL		NATU							
Phillips Petroleum Co.	IXXI	D 2453			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762						
Name of Authorized Transporter of Casin			or Dry G	18	 -	e address 10 wi		<u> </u>		eni)	
Sid Richardson Carbon & Gasoline						ain Stre				-,	
If well produces oil or liquids,	Unit Se	Sec. Twp. Rge.			ls gas actuali	y connected?	When	?			
ve location of tanks. H 2			253	37E	Ye	S	1	8-20-	8-20-78		
If this production is committigled with that	from any other l	lease or po	ool, g.ve	commingl	ing order num	per:					
IV. COMPLETION DATA		Oil Well		s Well	New Well	Workover	Deepen	Dlug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		JII WEII	04	· Well	140# 14011	WOIKOVEI	Deepen	riug back	Sattle Kes v	DIII KEST	
Date Spudded	Date Compl. I	Ready to P	rod.		Total Depth	L		P.B.T.D.			
					Top Oil/Gas	Dn.,					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil Gas	• • y		Tubing Dept	Tubing Depth		
Perforations					L			Depth Casin	g Shoe		
											
					CEMENTI	NG RECOR	<u>D</u>	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASIN	IG & TUB	ing SIZ	E		DEPTH SET			SACKS CEM	ENI	
	 										
V. TEST DATA AND REQUES OIL WELL (Test must be after t					h		. i. l . 6 al .			1	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	volume of	toda ou			shod (Flow, pu			or juit 24 nou	73.)	
Date I his 1000 on Nati 10 I talk	Date of Its					(,		,			
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
					·			:			
GAS WELL	The more than the second of			- 1	Bbls. Conden	cate/MAACE		Tomas acc	ondensata		
Actual Prod. Test - MCF/D	Length of Test	Length of Test				MINICT		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press.	re (Shut-in)		Choke Size			
								i 	- <u></u>		
VI. OPERATOR C'ERTIFIC	ATE OF C	OMPL	IANC	E		NI 001		ATION!		NA I	
I hereby certify that the rules and regul					(DIL CON	SERV	AHONI	DIVISIC)[/	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								į.	Lo la	اجع	
//	MOMICUSE SING D	onel.			Date	Approved	b	1	<u> </u>		
Carroll (dda										
Signature	1. C. J.				By_						
Carroll Addy	Production S∈cretary				ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name	015 (iue o]	Title	DIST	RICT I SU	PERVISOR			
2-18-94 Date	915-6	597-79 Teleph	38 one 140.								
					l!						

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 ir multiply completed wells.