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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Sept 31 = 930  
Oct 961  
Nov 930  
Dec 961

Operator Cordova Resources, Inc.	
Address 8350 N. Central Expwy #822 Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
ORIGINAL COPY OF THIS FORM MUST NOT BE FLARED AFTER 11/1/82 UNLESS AN EXCEPTION TO RULE 111 IS OBTAINED.	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Knight	Well No. 14	Pool Name, Including Formation Langlie-Mattix 7-Rivers	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 660 Feet From The East Line and 1315 Feet From The South Line of Section 21 Township 24S Range 37E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When P 21 24S 37E No

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/02/82	Date Compl. Ready to Prod. 7/17/82	Total Depth 3709 RKB	P.B.T.D. 2707 RKB					
Elevations (DF, RKB, RT, GR, etc.) 3209 GR	Name of Producing Formation Queens: Grayburg	Top Oil/Gas Pay 3390	Tubing Depth 3630					
Perforations 3468-92; 3518-20; 3530-48; 3554-60; 3598-3600; 3626-28; 3390-96; 3402-04; 3418-22; 3428-32; 3442-44; 3452-58; 3460-64			Depth Casing Shoe 3707 RBK					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	834	500
7-7/8"	5-1/2" 15.5#	3707	280

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 Tanks	Date of Test 8/29/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 31.0	Water-Bbls. 359.0	Gas-MCF 1.0

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

R. E. Madison  
(Signature)  
Production Superintendent  
(Title)  
September 14, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1982, 19  
ORIGINAL SIGNED BY  
BY JERRY SEXTON  
TITLE DISTRICT 1 SUPR.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.