DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

Energy, Materials and Halmal Resources Department Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

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Linem C. 1941

I.					BLE AND L AND NA					7 / 2 / 0	
Operator Tenison Oil Company				0111 01	L AND IV	TOTAL	<u>uno</u>	Well	API No. -025-2807!		
Address	#601	D 11						30-	-025-2807	······	
8140 Wallnut Hill Ln. Reason(s) for Filing (Check proper box)	#601 -	Dalls	, Te	xas 752	···	on (Diana					
New Well		Change is	n Transo	orter of:		ner (Please e	xpiain)				
Recompletion	Oil		Dry G	as 🗌	Effect	ive: ll	/1/0	1			
Change in Operator	Casinghead	I Gas XX	Conde	nsate 🗌	DITCC.	rve. II	/ 1/ 2	, I			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name E. J. Wells		Well No.	Pool N	lame, Includ	ing Formation	7 P:	4	Kind	of Lease FED Federal or Fee		Lease No.
Location			341	mat Tal.	STIL Idi	.es / K.	rver	S State,	Teucial of Fee	H I	22536
Unit LetterH	_ :16	50	_ Feet F	rom The	lorth Lin	330	) .	F.	et From The	East	Line
Section 12 Townsh	in 25S			36E			ea	•	20110m The		
	-					MPM, -			· · · · · · · · · · · · · · · · · · ·		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF O or Conder	IL AN	D NATU							<del></del>
Enron Oil Trading & Pransportation 507					Address (Give address to which approved Box 1188 - Houston, Te						
Name of Authorized Transporter of Casin	ghead Gas	[XX]	or Dry	Gas	Address (Gir	e address to	which	approved	copy of this for	n is to be .	rens) 76102
Sid Richardson Carbon If well produces oil or liquids,		ine C	O. Twp.		First C	ity Bar	ık T		201 Main	St., 1	Ft.W. Tx.
give location of tanks.	A	12	25S	136E	is gas actuali Ye	S	,	When	? Unknown		
If this production is commingled with that	from any othe	r lease or	pool, gi	ve comming	ing order num	ber:			O I I I I I I I I I I I I I I I I I I I		
IV. COMPLETION DATA		Oil Well	<sub>1</sub>	O	1 11		•				
Designate Type of Completion	- (X)	jon wen	- 1	Gas Well	New Well	Workover	I	Deepen	Plug Back  S	ime Res'v	Diff Res'v
Date Spudded	Date Compl	Ready to	Prod.		Total Depth	J			P.B.T.D.	-	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducine Fo	ormation		Top Oil/Gas	Pav			This Date	—	
Perforations									Tubing Depth		
r cirorations									Depth Casing S	Shoe	
	T	JBING,	CASII	NG AND	CEMENTI	NG RECO	RD	<del></del>			
HOLE SIZE					DEPTH SET				SACKS CEMENT		
					 	······································					
I Indoor Date and the second											
V. TEST DATA AND REQUES OIL WELL Gest must be after to					1						
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	T PUINTE	oj ioda e	ni ana musi	Producing Me					full 24 hoi	urs.)
Length of Text											
Length of Test	Tubing Press	ure			Casing Pressu	re			Choke Size	-	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		•		Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D											
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Condens	ale/MMCF			Gravity of Con-	lensate	
Testing Method (pitot, back pr.)	Tubing Pressi	re (Shut-	in)		Casing Pressur	re (Shut-in)			Choke Size	· · · · · · · · · · · · · · · · · · ·	<del></del>
VI. OPERATOR CERTIFICA	ATE OF C	COMPI	LIAN	CE			uer	TD\/A	TION DI	V//O/C	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I hereby certify that the rules and regular Division have been complied with and the	rat the informa	ition pive	ation n above				NOE	HVA	TION DI	VISIC	N
is true and complete to the best of my ki	nowledge and	belief.			Date	Approve	a d	1	10V 20	1521	
Post of G.					Daie				• .		
Signature					Ву	0	rig.	Signed	by		
Robert B. Tenison Jr. Manager-Marketing							Ge	Signed 1 Kaut ologist	,		
11/12/91	(214)		Title	-	Title_						
Date	(214)		5005 hone No		FOR	<del></del>					<del></del>

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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