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Appropriate District Office  
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Tahoe Energy, Inc.		Well API No. 30-025-30612
Address 3909 W. Industrial, Midland, Texas 79703		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 10-1-89 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Papoose	Well No. 1	Pool Name, Including Formation Langlie Mattix-SR-Qun-GB	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> : <u>1930</u> Feet From The <u>East</u> Line and <u>760</u> Feet From The <u>North</u> Line Section <u>7</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 60628, Midland, TX 79711-0628					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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

IV. 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 5-24-89	Date Compl. Ready to Prod.		Total Depth 3620		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3199.6	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay		Tubing Depth			
Perforations 19 (.48 diam) holes: 3326' - 3590'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		350'		260 sx Class "c"+2%cc			
7-7/8"	5-1/2"		3619'		500 sx Pacesetter Lite			
					+ 25# sx Cello Seal +			
					200 sx 50-50 Poz + 2%			

V. 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 Tank 7-18-89	Date of Test 7/28/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 20	Casing Pressure 45	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 90	Gas- MCF 180

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

K. A. Freeman  
Signature  
K. A. Freeman President  
Printed Name  
July 31, 1989 Date  
915/697-7938 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 3 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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.

RECEIVED

**AUG 2 1989**

OCD  
HOBBS OFFICE