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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

			ANSPOR								
Operator Francisco III							We	I API No.	2070		
Tahoe Energy, Inc.	····			 -				30-025-30	1870		
3909 W. Industrial,	, Midlar	nd, Tex	as 797	703							
Reason(s) for Filing (Check proper box,					Ot	ner (Please exp	lain)			· -, · · · · · · · · · · · · · · · · · · ·	
New Well		Change is	n Transporter o		ī	Zffooting	Norrom	ber 1, 19	001		
Recompletion	Oil		Dry Gas	X	1	rriective	e novem	ber 1, 19	991		
Change in Operator If change of operator give name	Casinghe	ad Gas 🕌	Condensate								
and address of previous operator											
II. DESCRIPTION OF WELI	L AND LE	ASE									
Lesse Name	· · · · · · · · · · · · · · · · · · · ·	Well No.			ing Formation		Kin	1 of Lease	L	ease No.	
Red Cloud	 	2	Jalmat	Ta	nsill Ya	ites 7-R	X SH	X Reducation For			
Location											
Unit LetterM	: <u>6</u>	60	Feet From T	he	South Lin	e and <u>660</u>	·	Feet From The _	West	Lin	
Section 3 Townst	hip 25S	;	Range 3	37E	N	MPM, I	.ea			C	
	····					vii ivi,				County	
II. DESIGNATION OF TRAI	NSPORTE			ATU							
Name of Authorized Transporter of Oil		or Conden	TEME		Address (Giv	e address to wi	rich approv	d copy of this fo	rm is to be se	nt)	
NA Name of Authorized Transporter of Casin	nohead Cas		or Dry Gas		Add (C)						
Sid Richardson Carb		soline	Co.	ر بحد	Address (Give address to which approved 201 Main Street, Fort			d copy of this form is to be sent) Worth, TX 76102			
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually		Whe	· · · · · · · · · · · · · · · · · · ·	.X 7010		
ve location of tanks.	i					Yes	1 *****		28-90		
this production is commingled with that	from any oth	er lease or p	pool, give com	mingli	ng order numb	ег.					
/. COMPLETION DATA	- 										
Designate Type of Completion	ı - (X)	Oil Well	Gas W	eli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res v	
ate Spudded		i. Ready to	Prod.		Total Depth			P.B.T.D.		<u> </u>	
	'					•			F.B. 1.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing For	mation	1	Top Oil/Gas Pay			Tubing Depth			
riorations	·			<u> </u>							
								Depth Casing	Shoe		
	Т	UBING.	CASING A	ND C	EMENTIN	G RECORI		<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SA	SACKS CEMENT		
	<u> </u>										
								1			
						·· · · · · · · · · · · · · · · · · · ·					
TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
LWELL (Test must be after re				musi be	s equal to or e	xceed top allon	able for thi	s depth or be for	full 24 hours	.)	
LWELL (Test must be after re		al volume oj		musi be	s equal to or e	xceed top allow	able for this	s depth or be for	full 24 hours	.)	
L WELL (Test must be after re te First New Oil Run To Tank	Date of Test	al volume oj		P	roducing Met	nod (Flow, pum	rable for this up, gas lift, e	кс.)	full 24 hours	.)	
L WELL (Test must be after re te First New Oil Run To Tank	ecovery of low	al volume oj		P	e equal to or e Producing Meti Casing Pressure	nod (Flow, pum	vable for this	c depth or be for	full 24 hours	.)	
L WELL (Test must be after rete First New Oil Run To Tank agth of Test	Date of Test Tubing Presi	al volume oj		C	roducing Met	nod (Flow, pum	vable for thi up, gas lift, e	(c.)	full 24 hours	.)	
L WELL (Test must be after rette First New Oil Run To Tank	Date of Test	al volume oj		C	roducing Met	nod (Flow, pum	vable for thi up, gas lift, e	кс.)	full 24 hours	.)	
L WELL (Test must be after rette First New Oil Run To Tank ngth of Test ual Prod. During Test	Date of Test Tubing Presi	al volume oj		C	roducing Met	nod (Flow, pum	vable for thi up, gas lift, e	(c.)	full 24 hours)	
L WELL (Test must be after rette First New Oil Run To Tank nigth of Test ual Prod. During Test AS WELL	Date of Test Tubing Press Oil - Bbls.	al volume oj		C	Producing Medicasing Pressure Valer - Bbis.	nod (Flow, pur	vable for thi up, gas lift, e	Choke Size Gas- MCF)	
L WELL (Test must be after rette First New Oil Run To Tank nigth of Test ual Prod. During Test AS WELL	Date of Test Tubing Presi	al volume oj		C	roducing Met	nod (Flow, pur	vable for thi up, gas lift, e	(c.)		.)	
L WELL (Test must be after rette First New Oil Run To Tank ngth of Test mai Prod. During Test AS WELL mai Prod. Test - MCF/D	Date of Test Tubing Press Oil - Bbls.	al volume oj	f load oil and i	P C	Producing Medicasing Pressure Valer - Bbis.	nod (Flow, pum	vable for thi up, gas lift, e	Choke Size Gas- MCF)	
L WELL (Test must be after rette First New Oil Run To Tank Ingth of Test The Test that Prod. During Test AS WELL The Test - MCF/D The Method (pitot, back pr.)	Date of Test Tubing Press Oil - Bbls. Length of Te	al volume oj sure	f load oil and i	P C	Producing Metical Pressure Vater - Bbis. Oblis. Condense	nod (Flow, pum	vable for thi up, gas lift, e	Choke Size Gas- MCF Gravity of Con)	
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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.