Submit 5 Copies
Appropriate District Office
DISTRICT I
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, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Tahoe Energy, Inc. 30-025-30870 Address 3909 W. Industrial, Midland, Texas 79703 Reason(s) for Filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease FEE State, Federal or Fee Lease No. Red Cloud Jalmat Tansill Yates 7-R Location 660 Unit Letter __ _ Feet From The _ South Line and _ 660 Feet From The West Township 25-S 37-E Range Lea NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sid Richardson Carbon & Gasoline Company Address (Give address to which approved copy of this form is to be sent) 201 Main St. First City Tower, Ft. Worth, TX If well produces oil or liquids, Unit Sec Twp. Is gas actually connected? When? give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. **P.B.T.D.** 3154 4-26-90 6-7-90 3197 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 3148.7' GL Tansill-Yates 7-R 2690 3021 Perforations (27 holes) 2695' to 3015' Depth Casing Shoe 3193 TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE 8-5/8" 24# DEPTH SET SACKS CEMENT 12-1/4" 356 250 sx. (circ.) <u>7-7/8''</u> 4-1/2" 10.5# 3193' 425 sx. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhis Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Langth of Test Bbis. Condensate/MMCF Gravity of Condensate 6790 350 24 0 350 MOFD sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 1111 00 1000 Date Approved .

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature K. A. Freeman

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title_

ORIGINAL SIGNED BY JERRY SEXTON:

M

DISTRICT I SUPERVISOR

- 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.

President

(915) 697-7938

Title

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.