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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 e Instructi

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

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

58911

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Tahoe Energy, Inc. 30-025-30957 3909 W. Industrial, Midland, Texas 79703 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective November 1, 1991 $\overline{\Box}$ Recompletion Dry Gas Oil Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation Lease Name Lease No. Red Cloud Jalmat, Tansill, Yates, Location 660 Feet From The North Line and 660 Unit Letter __ Feet From The __East Township 255 Range 37E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co. 201 Main Street, Fort Worth, TX 76102 if well produces oil or liquids, Unit is gas actually connected? Twp. When ? Sec. Rgc. Yes 9-28-90 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'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Leagth of Test Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbis. Gus- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _______NOV 0 1 1991 By ORIGINAL MGNED BY JERRY SEXTON Signature K. A. Freeman

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

Printed Name

Date

10/29/91

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

Title

DISTRICT I SUPERVISOR

MAY 201993

FOR RECORD ONLY

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

President

Title

915/697-7938

Telephone No.

- 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

APR 2 5 1993

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