

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Tahoe Energy, Inc.		Well API No. 30-025-30957
Address 3909 West Industrial, Midland, Texas 79703		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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 Red Cloud	Well No. 4	Pool Name, Including Formation Jalmat, Tansill, Yates, 7-R	Kind of Lease Shut-In, Free, or Fee	Lease No.
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>4</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 type="checkbox"/> or Condensate <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	September 28, 1990

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-28-90	Date Compl. Ready to Prod. 9-28-90		Total Depth 3156'		P.B.T.D. 3138'			
Elevations (DF, RKB, RT, GR, etc.) 3192.8 GR	Name of Producing Formation Yates/Seven Rivers		Top Oil/Gas Pay 2747'		Tubing Depth 2961'			
Perforations (3074, 3036, 3028, 3022, 3014, 3010, 2967, 2963, 2956, 2954, 2952, 2939, 2920, 2918, 2916, 2914, 2903, 2901, 2897, 2894, 3018, 2958, 2929, 2905, 2980)		TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 3155'				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24# STC		351.77'		220 sx - circ			
7-7/8"	5-1/2" 17# STC		3155'		575 sx - circ			

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.)

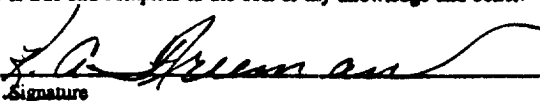
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1348	Length of Test 4 hrs.	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice well tester	Tubing Pressure (Shut-in) Pumping - 25 psig	Casing Pressure (Shut-in) 50 psig	Choke Size 64/64

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.


Signature
Kenneth A. Freeman President
Printed Name Title
10/12/90 915-697-7938
Date Telephone No.

OIL CONSERVATION DIVISION

OCT 15 1990

Date Approved

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
JUN 15 1990
EDWARD M. BROWN
HONOLULU OFFICE