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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

Operator	nEQ.	TOTRA	NSP(LOWAE	BLE AND AND NA	AUTHORI TURAL G	ZATION				
V. H. Westbrook					.,,,,,	TOTALG		API No.			
Address	<u>'</u>					_			025-310) 75	
P. O. Box 2264	- Hot	obs, NM	1 882	240							
(cason(s) for Filing (Check proper box)						ner (Please exp					
New Well		Change in	Transpo	orter of:		ici (Fiease expi	lain)				
Recompletion [Oil		Dry Ga		τ.,						
hange in Operator X	Casinghea	d Gas 🗌	Conden	sate 🗌	Egg	ective A	ugust 1 _.	, 1993			
ad address of previous operator Tah	oe Ener	ay Inc		3909	W. Indu	strial	- Mide	and, TX 7	10702		
I. DESCRIPTION OF WELL					17144	soua	- Mull	ina, 1X /	9703		
Lease Name	AND LE	Well No.	Pool N	ame Includi	To The second						
Red Cloud		2				TEMU O			of Lease Lease No. Resident for Fee		
Location			·		7.00	CCS / KU/	<i>(</i> 3)				
Unit LetterO	_ : <u>6</u>	60	. Feet Fr	rom The	South Li	me and 1	980 E	eet From The	East		
Section 3 Townsh	ip 25.	ς		37 E				eet from the	Lusi	Line	
			Range			МРМ,	Lea			County	
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	ER OF O	IL AN	D NATTI	RAT. GAS						
Name of Authorized Transporter of Oil		or Conder	isate		Address (Gi	ve address to w	hich approve	d copy of this form			
Name of Authorized Transporter of Casi				<u> </u>			approved	copy of this form	n is to be se	:៧)	
Sid Richardson Gasoli	ighead Gas		or Dry	Gas X	Address (Gi	ve address to w	hich approved	d copy of this form	n is to be se	n/)	
n well produces oil or liquids	ne Compo	177-1			LUI Ma	n Streei	<u>t -</u> Fo	rt Worth, TX 76102			
eve location of tanks.	. 0	Sec.	Twp. 25S	Rge. 37 E	1	ly connected?	When	1?		0102	
f this production is commingled with that V. COMPLETION DATA	from any od	ber losse or	pool. giv	Ve commind	ling order	yes	L	1/2	9/91		
V. COMPLETION DATA			P	· · · · · · · · · · · · · · · · · · ·	mig order min	iber:					
Designate Type of Completion	1 - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ama Branco	box b	
Date Spudded		n Ready to	1		1	1	1	1 1.08 15404 154	mie-Kes v	Diff Res'v	
12/5/90		Dete Compl. Ready to Prod.				Total Depth 3100			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation				Top Oil/Gas Pay			3071'		
3127.8 GR	Tansi	Tansill Vates 7-Rors				2555'			Tubing Depth 2500'		
(23-Holes)	OFFF1							Depth Casing 5			
123-1102651	2555' t		_						nio.		
HOLE SIZE	T	CASING AND				CEMENTING RECORD					
11-1/4"	- 07	CASING & TUBING SIZE			DEPTH SET			SA	CKS CEM	ENT	
7-7/8"	5-1/							720 sks	s (ci	rc)	
		4	1/		309	8'		575 sR		rc)	
TECT DATE AND DECK											
V. TEST DATA AND REQUE OIL WELL (Test must be offer	ST FOR	ALLOW	ABLE		<u> </u>	· 					
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of the	otal volume	of load	oil and musi	be equal to o	r exceed top al	lowable for th	is depth or be for	full 24 hou	25	
	Date of Test				Producing N	lethod (Flow, p	ump, gas lift,	(c.)			
Length of Test	Tubing Pr	911029			Contract	- <u></u>					
					Casing Pres	aure		Choke Size			
Actual Prod. During Test	Oil - Bbls				Water - Bbl			Co- MGE			
								Gas- MCF			
GAS WELL					<u> </u>						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF					
racia Malata	<u> </u>				- 3.3. 3324	ame iviter		Gravity of Cor	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
W Open Amon						_					
VI. OPERATOR CERTIFIC	CATE OF	F COM	PLIA	NCE							
i hereby certify that the rules and regi	ulations of the	· Oil Cassa				OIL CO	NSERV	'ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
16.4		,			Dat	e Approve	ed	AUG 24	1993		
- U.A. Wester	ook					41 - **					
Signature					∥ By₋		ORIGINAL	SIGNED BY	IEDDV c=	VTAL	
V. H. Westbrook Operator Printed Name							DIS	TRICT I SUPE	≔¤#.T_2E RVIS∩¤	AION	
8/20/93		505-393	3-971	4	Title			- · h	JUR		
Date			ephone l								

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
- 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.