Submit 5 Copies	
Appropriate District Office	
<u>DISTRICT I</u>	
P.O. Box 1980, Hobbs, NM	88240

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

State of New Mexico E....gy, Minerals and Natural Resources Departmen.

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE	AND AUTHORIZATION

<u>I.</u>	т) TRA	NSPO	DRT OI	L AND NA	TURAL G	AS					
Operator								Well API No.				
Tahoe Energy, Inc.						30-	30-025-31075					
Address	N 17 1	-	-									
3909 W. Industrial Reason(s) for Filing (Check proper box		Texa	as /	9703								
New Well	-	hance in	Transpor	ter of		ner (Piease exp	ain)					
Recompletion	Oil		Dry Ga	<u> </u>								
Change in Operator	Casinghead C		Conden									
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WEL	L AND LEAS	E										
Lease Name			Pool Na	me, Includ	ing Formation		Kind	of Lease FEE		Lease No.		
Red Cloud		3	Jalı	mat, I	ansill,	Yates, S	S-R State	, Federal or Fee				
Location												
Unit LetterO	<u>;660</u>		Feet Fro	m The	South Lin	e and	30 F	eet From The	East	Line		
			_			-						
Section 3 Towns	ntip 25-S		Range	37-е	,N	MPM, I	Jea			County		
III. DESIGNATION OF TRA	NSPORTER	OF OI	LANT	NATU								
Name of Authorized Transporter of Oil		Condens				e address to wi	tich approved	t copy of this form	n is to be s	ant)		
NA			Ĺ									
Name of Authorized Transporter of Casi	inghead Gas		or Dry C	ias 👗	Address (Giv	e address to wh	uch approved	copy of this form	1 is 10 be s	ent)		
El Paso Natural Gas	s Company		<u> </u>		Box 149	02, El Pa	lso, TX	79978				
If well produces oil or liquids, tive location of tanks.	Unit See	2.	Twp.	Rge.	ls gas actually		When					
	<u> </u>				<u>ye</u> :			1-29-91	/			
f this production is commingled with the V. COMPLETION DATA	it from any other is	ase or p	ool, give	commingl	ing order numb	xer:		······	<u> </u>			
V. COMPLETION DATA								·				
Designate Type of Completion	n-(X) 0	il Well	i Ga	us Well X	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl. R.	eady to]	Prod.	Δ	Total Depth				· · · · · · · · · · · · · · · · · · ·			
12-5-90	1-29-9	1			3100'			P.B.T.D. 3071'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3127'8 GR	Yates, Seven Rivers					40'		2900'				
Performions (23 holes) 2883', 2878' 2828' 2818' 2 2735' 2719' 2684' 2654' 2650' 2636' 2623' 2620				318' 2	809' 280	3' 2752'	2746	Depth Casing Shoe				
								3098	1			
2583' 2578'2565' 2555' HOLE SIZE						IG RECORI)	T				
11"		5/8"	SING SIZ	<u>د</u>	DEPTH SET			SACKS CEMENT				
7-7/8"		2/0 L/2"			·····	<u>350'</u> 3098'		220 sx circulated 575 sx circulated				
<u> </u>								575 sx circulated				
					11	······						
. TEST DATA AND REQUE	ST FOR ALL	OWA	BLE		X XAI-	······································						
OIL WELL (Test must be after	recovery of total w	dume of	load oil	and must	e equal to or e	exceed top allow	wable for this	depth or be for f	uli 24 hou	rs.)		
ate First New Oil Run To Tank	Date of Test				Producing Met	hod (Flow, pun	np, gas lift, e	<i>uc.)</i>				
ength of Test	Tubing Pressure			Casing Pressure			Choke Size					
ctual Prod. During Test	I Band Davies That											
citing From During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
				L			········	L				
GAS WELL	I want of Test				D11. 0							
260	Length of Test 24 hrs.			Bbls. Condensate/MMCF			Gravity of Condensate					
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)								
orifice well tester	Pumping 20 psig			50 psig			Choke Size 64/64					
L OPERATOR CERTIFIC					<u> </u>	318		0470	+]		
I hereby certify that the rules and regula					0	IL CONS	SERVA	TION DIV		N		
Division have been complied with and	that the informatio	n given a			-			- AMR				
is true and complete to the best of my l	mowledge and beli	ief.			Data	Annenia		FFR P 8				
12 A	1				Date	Approved						
8.a. Theen a	an				n	No. (Sec. 1982)	ا ماروب بروانها م		منهورة الحر			
Signature Kenneth A. Freeman		Proc	ident		Ву	·	SOLO TOAK	24	<u>۹0,</u>	4		
Printed Name				<u> </u>								
Jan. 31, 1991	(015		uc 7-793	8	Title_	· · ·				. f. s.		
Date		Telepho		<u> </u>								

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.

8A

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page t