

Submitt 5 Copies  
Appropriate District Office  
DISTRICT I  
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DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GAS OPERATIONS RECEIVED	
Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
FEB 14 1992	
WJF _____	SIG _____
BMW _____	SAG _____
DCT _____	

I.

Operator Tahoe Energy, Inc.	Well API No. 30-025-31404
Address 3909 W. 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 White Cloud	Well No. 1	Pool Name, Including Formation Jalmat Tansill Yates 7R	Kind of Lease State, Federal or Free	Lease No. LC032592-A
Location				
Unit Letter A	: 660	Feet From The North	Line and 660	Feet From The East
Section 3	Township 25S	Range 37E	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"/>	Address (Give address to which approved copy of this form is to be sent)	
N/A		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Gasoline & Carbon	P.O./box 1226, Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When ?
		yes 1-25-92

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 10-27-91	Date Compl. Ready to Prod. 11-03-91	Total Depth 2900'	P.B.T.D. 2861'					
Elevations (DF, RKB, RT, GR, etc.) 3169.5' GR	Name of Producing Formation Tansill 7R	Top Oil/Gas Pay	Tubing Depth 2336'					
Perforations 2427' - 2836' (26 holes)			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	2-3/8"	2336'						
12-1/4"	8-5/8"	369'	250 sx. circ. 83 sx surface					
4-1/4"	7-7/8"	2899'	575 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 - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D 1-24-92 155	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
			--
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 20#	Casing Pressure (Shut-in) 35#	Choke Size --

### 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.

*K. A. Freeman*  
Signature  
K. A. Freeman President  
Printed Name  
2/5/92 Title  
Date 915/697-7938 Telephone No.

### OIL CONSERVATION DIVISION

Date Approved FEB 10 '92

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY. MAY 20 1993

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.