Submit 5 Cooles
Appropriate District Office
DISTRICT!
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRA	NSP	ORT OIL	AND NAT	TURAL GA	\S	5/			
Carco.						WELL ALL THE					
nvest Energy Corporation						300250970100S1					
ress Triange De		<u>7</u> 00	Hoi	ıston. T	X 7705	57					
101 Fountain View Dr	., Sulte	e 700,	1100		Othe	z (Please expla	un)				
ico(s) for Filing (Check proper box) Well		Change in	Тпальеро	orter of:	_						
ompietion	Oil		Dry G								
nge in Operator	Casinghead	Gas 🔲	Conde	100							
ange of operator give harms											
address of previous operator		<u></u>									
DESCRIPTION OF WELL	AND LEA	Well No.	Pool N	iame, includir	e Formacos		Kindo	(Lease		ase No.	
.B. Ogg A		2 Jalmat T-Y-				-SR RACK F			ederal oxigotx NMLCO32618A		
alion		060		N.	lorth L	19	80 -	. c The	East	Lipe	
Unit Letter B	_ :	600	Feet F		Line	4 and	re	st From The			
Section 35 Towns	1ip 24S		Range	36E	,N	мрм,	Lea ————			County	
					041 646						
DESIGNATION OF TRA	NSPORTE	or Condet	IL Ar	TO NATU	Address (Gir	30x 5568	hich approved	copy of thus fo	Start to pe se	nt)	
ne of Authorized Transporter of Oil exaco Trading & Tran	isportati										
ne of Authorized Transporter of Casi	eghead Gas		or Dr	y Gas 🗀	Address (Gir	m address 10 w	hick approved	copy of this f	orm u io be se	nt)	
IS Of Address transport to the					ļ						
vell produces oil or liquids,	Unit	Sec.	Twp. 24	Rgs. S 36E	is gas actual	ly connected?	When	7			
location of tanks.		35			ing order min						
is production is commungled with the	≰ from any oth	ME INCHE OF	pool, g	As commission	THE CHART STATE						
COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Despes	Plug Back	Same Res'v	Diff Resiv	
Designate Type of Completio		pi. Ready i			Total Depth	1	<u>l</u>	P.B.T.D.	<u> </u>		
se Spudded	Desce Com	pr. Keesy i	o rioz								
vauces (DF, RKB, RT, GR, etc.)	Name of P	roducing F	Official	X	Top Oil/Cas Psy			Tubing Depth			
									Depth Casing Shoe		
rioratioes											
TUBING, CASING AN				ING AND	CEMENT	ING RECO	RD				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					ļ						
					 						
TEST DATA AND REQU	CCT COD	ATTOU	ARI	F	<u> </u>						
IL WELL Test meet be after	estron	rated volum	e of los	ed oil and mus	t be equal to	or exceed top a	Howable for th	is depth or be	for full 24 ho	ws.)	
WELL (Test must be after recovery of lotal volume of load oil and must First New Oil Rus To Task Date of Test					Producing !	Method (Flow,	pump, gas lift,	etc.)			
								Choke Siz			
ingth of Test	Tubing P	Tubing Pressure				PATE					
	07. 01.	Oil - Bbla.				Water - Bbia			Gas- MCF		
ctual Prod. During Test	Oil - Bou										
GAS WELL				-							
LIAS WELL LEURI Prod. Test - MCF/D	Length o	Test			Bbis. Cosc	manu/MMCF		Gravity of	Condensus		
									A share fine		
esung Method (puos, back pr.)	Tubing F	Tubing Pressure (Shut-in)				Casing Pressure (Shut-is)			Choke Size		
					ا						
VL OPERATOR CERTIF						OIL CC	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and r Division have been complied with	egulations of \$	he Oil Com formation	servatio sives si	XE DOVE							
Division have been complied with is true and complete to the best of	my knowledge	and belief	Pracu	~~~	n-	ite Approv	<i>j</i> ed	Ţ.)CT 1 5	92	
\mathcal{A}	_	_	1		13						
Theres Questurf					D.,	,		: 10 3 Y	TERY ST	117H	
	Fr	ng inte	ring	Tech.	By	·					
Theresa Overturf			Tir	14	11	*-1.5	•				
		(713)	780	-1952	111	ile					
10/13/92 Due			Telepho							_	

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.