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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TC	TRANS	PORT OIL	AND NAT	URAL GA	S ,	V \$1-			
perator					Well API No.					
Convest Energy Corporation					30-025-09707					
²⁴⁰¹ Fountain View Dr.	. Suite	700, H	ouston, T	77057						
leason(s) for Filing (Check proper box)	,			Other	(Please explai	n)			·	
lew Well		hange in Tra	. —							
ecompletion	Oil	Dr.								
hange in Operator	Casinghead (ias K Co	noentate							
change of operator give name ad address of previous operator										
I. DESCRIPTION OF WELL A	AND LEAS	SE .								
ease Name	Well No. Pool Name, Including Formation						Kind of Lease State, Restauration E-8327			
State 'W'		1 Jalmat T-Y-SR						C L-03	27	
ocation	. 660		C	th	and 66	0 -	. F	East	Line	
Unit Letter P	uth Line and 660 Feet			et From The _						
Section 36 Township	36E , NA	6E , NMPM ,				County				
II. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	Address (Give	e address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil	I XI				ox 5568,			0217		
Texaco Trading & Trans Name of Authorized Transporter of Casing	portati chead Gas	ON INC.	Dry Gas	Address (Giv	e address to wh	iich approved	copy of this fo	orm is so be se		
Sid Richardson Carbon & Gasoline Co.					201 Main Street, Fort Worth, TX 76102					
If well produces oil or liquids,	Unit :				Is gas actually connected? When					
ove location of tanks.	I P		45 36E	Yes		1 4/2	1/70			
f this production is commingled with that	from any othe	r lease or po	ol, give commingi	ing order num	DEI	 				
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)) 			i	<u>i </u>	Ĺ	<u> </u>		
Date Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Tubica Death		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				10p Cir Gas	Top Old Gas 1 ay			Tubing Depth		
Perforations	<u> </u>			<u> </u>	<u></u>		Depth Casi	ng Shoe		
FEIGROOD										
	CEMENT	CEMENTING RECORD								
HOLE SIZE					DEPTH SET			SACKS CEMENT		
							+			
	 			 	-					
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE							
OIL WELL (Test must be after	recovery of to	sal volume o	fload oil and mus	t be equal to c	r exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank Date of Test					Method (Flow,)	oump, gas iyi,	EIC.)			
	Tubing Des			Casing Pressure			Choke Size			
Length of Test	Tubing Pressure							100		
Actual Prod. During Test	al Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF		
				<u>_l</u>				· · · · · · · · · · · · · · · · · · ·		
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Test		Bbis. Condensate/MMCF			Gravity of Condensate			
	Casing Pressure (Shut-in)			Choke Size						
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)										
VI. OPERATOR CERTIFIC	CATEO	COM (TO	TIANCE	٦٢			:-:		ION!	
I hereby certify that the rules and reg	CAID OF	Oil Consert	vation		OIL CO	NSER	/ATION	IDIVIS	ON	
Division have been complied with an	ad that the info	ermation give	en above				• \	rij¥ V	HOU	
is true and complete to the best of m	y knowledge a	and belief.		Da	te Approv	red				
Theresa Overtruf						orig. Sign	ned by			
						orig. Sign	auta			
Signature Theresa Overturf E	ngineer:	ing Tec				Geolog	-			
Printed Name Title					le					
10/31/91 Date	(713)		phone No.			,				
Dett.			•						الأكال المستحدية	

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

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