Submit 5 Copies
Appropriate District Office
DISTRICT 1 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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Petroleum Inc . Address Fort Worth Suite II-A, Taylor St. 76102 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil X Change in Operator Condensate f change of operator give name and address of previous operator arter Foundation Production Ft. Worth 1036 BOX 76101 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State Federal) or Fee Lease No. 6. H. Langlie Mattix Seven Rivers 032339-A Location Queen Gray burg Unit Letter Feet From The ca County TI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS section Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) \boxtimes Texaco Trading & Transpor tation 5568, Denver, CO 80217 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas \boxtimes or Dry Gas El Paso Natural 6as 6 P.O. Box 1492, El Paso, If well produces oil or liquids, Unit Twp. Rge. Is gas actually connected? When 7 ive location of tanks. 20 f this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well New Well Workover Gas Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth erforations Depth Casing Shoe CEMENTING RECORD **DEPTH SET** SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (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.) Sate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ength of Test Tubing Pressure Casing Pressure Choke Size ictual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 7. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved . ORIGINAL SIGNED BY JERRY SEXTON Signature Ta DISTRICT I SUPERVISOR gent

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

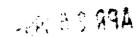
All sections of this form must be filled out for allowable on new and recompleted wells.

817/332-9209

Telephone No.

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.



一分の「大学」を含され、実際での場合のは、数別はは研究の ついとといるを実力としても関係を表示。

RECEIVED

APR 14 1989

OCD HOBBS OFFICE