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Appropriate Datrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Ariesia, 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>		TOTR	ANS	PORT (OIL AND N	ATURAL	GAS						
Operator Technology Engagery Inc.										30-025-11109			
Tahoe Energy, Inc.	·							<u> </u>	30-02	23-111	.01		
3909 W. Industrial,		d, Tex	as	79703		-							
Reason(s) for Filing (Check proper box) New Well	ı	Change i	in Tran	sporter of:		Aher (Please e	explain)						
Recompletion Oil Dry Gas Effective November 1, 1991													
Change in Operator If change of operator give name	Casinghe	ad Gas X	Con	densate]	· · · · · · · · · · · · · · · · · · ·			 		· · · · · · · · · · · · · · · · · · ·		
and address of previous operator									·····				
II. DESCRIPTION OF WELL	AND LE	ASE											
Jacks B 15	Well No. Pool Name, Inch 2 Langlie M				,				of Leuse Federal ax Re		26-B		
Location					ILLIX /R QN GD					0323			
Unit Letter H	_ :1	980	_ Feat	From The .	North L	ine and	660	F	eet From The	East	Line		
Section 15 Townsh	ip 24S		Rang	_e 37E	<u> </u>	NMPM,	Lea				County		
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL A	ND NAT	URAL GAS								
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)										ini)			
Phillips Company Tr. Name of Authorized Transporter of Casin	4001 Pembrook, Odessa, TX 79762 Address (Give address to which approved copy of this form is to be sent)												
Sid Richardson Carb					201 Main Street, Fort								
If well produces oil or liquids, give location of tanks.	Unit	Sec. 15	Twp.		o. Is gas actua	lly connected?		When					
If this production is commingled with that			1		1	yes	1						
IV. COMPLETION DATA										 	······································		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to P		Prod.	 	Total Depth	<u> </u>			P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubica David				
Perforations									Tubing Depth				
renorations									Depth Casing Shoe				
	T	JBING,	CASI	NG AND	CEMENTI	NG RECO	RD		!		····		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
													
		·											
V. TEST DATA AND REQUES	T FOR A	LOWA	BLE		<u> </u>								
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of lold	il volume o	f load	oil and mus	be equal to or	exceed top all	lomable fo	or this	depih or be fo	r full 24 hours	r.)		
Date Link Lean Off Kill 10 1508	Date of Test				Producing Me	shod (Flow, p	ump, gas	lift, eu	c.)				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	0.4												
The said to	Oil - Bbls.				Water - Bbis.				Gus- MCF				
GAS WELL					l								
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Coudensale				
Sesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	TE OF C	OMPL	IAN	CE			ISED	\/A'	TION D	1) (1010)	1		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved								
M. Charles July Called Services	- Carmer										··		
Signature K. A. Freeman President					By ORIGINAL SIGNED BY JERRY SEXTON BIGGRACT I SUPERVISOR								
K. A. Freeman President Printed Name Tule					Title								
10/29/91 Date	915	/697-7	7938		11110_	*		·····					
Land		Telepho	ne No.										

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.

RECEIVAD

OCT 3 1 1991