

Submit 3 Copies
Appropriate District Office
DISTRICT I
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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator _____ Well API No. _____

Address _____ 30-025-279/600

Reason(s) for Filing (Check proper box) _____

New Well _____ Change in Transporter of: _____
Recompletion _____ Oil _____ Dry Gas _____
Change in Operator _____ Casinghead Gas _____ Condensate _____
To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon & Gasoline Company.

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wattins Well No. 3 Pool Name, including Formation Jalantouill Y7-R Kind of Lease State, Federal or Fee Lease No. _____

Location _____
Unit Letter A 330 Feet From The N Line and 330 Feet From The E Line
Section 35 Township 24-S Range 36-E NMPM. Lea County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Enron Oil Trading & Transport or EOTT Energy Corp. Effective 1-1-92
Address (Give address to which approved copy of this form is to be sent) _____
Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon & Gasoline Co. Effective 1-1-94
Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102

If well produces oil or liquids, give location of tanks. Unit A Sec. 35 Twp. 24 Rge. 36 Is gas actually connected? yes When? 12-30-82

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Signature Connie L. Malik
Printed Name Connie L. Malik, Regulatory Compliance Rep. Title _____
Date 1/22/92 Telephone No. 915-688-6891

OIL CONSERVATION DIVISION

FEB 07 '92

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

- 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.