Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico y, Minerals and Natural Resources Departus.

Form C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICTIII		อล	ıma re,	new IV	lexico 8/304-2088			NECE/12			
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR AL	LOWA	BLE AND AUTHORIZ	ATION					
I.					L AND NATURAL GA			JAN 10	'90		
Operator							Well API No.				
Socorro Petrole		l	30-015- ⊜ c. p .								
P.O. Box 38, Loco Hills, NM 82855						ARTESIA, OFFICE					
Reason(s) for Filing (Check proper box)		, 1137 1111			Other (Please expla	in l					
New Well		Change in	i Transpo	iter of:	Calci (r rease expra	uij					
Recompletion	Oil		Dry Ga		Change in O	perator	Name				
Change in Operator	Casinghe	ad Gas 🔲			Effective J	anuary	1, 1990				
If change of operator give name Hard and address of previous operator	corn Oi	1 Comp	any,	P.O. B	ox 2879, Victoria	, 'l'X 7	7901				
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	AND LE				Magazine - A A (Marco of Common of Common and Associated Section (1997) and the common of the common						
Turner "B"	Well No. Pool Name, Including								1 se No. 1395B		
Location		.1'2	١٦١		even Kivers OGS	2R 2	- Jon Lee	110023			
Unit Letter	. اله	50	Cast Su		auth line and 99	Λ		West			
							et From The		Line		
Section Townshi	p 17	7S	Range	31	E , NMPM,	Eddy			County		
III. DESIGNATION OF TRAN	ICDADTI	CD AT A	II ANI	IN BLATTE	fra a filosopa						
Name of Authorized Transporter of Oil	121 (21C) I	or Conde	nsate	O IAVI C		ich anne ane	conv of this far				
NONE SI	The state of the s	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casin	glicad Gas		or Dry	Gas [Address (Give address to wh	Address (Give address to which approved copy of this form is to be sent)					
NONE			and only on the permitted of actions								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	. Is gas actually connected?	When	7				
[.		.l	.L							
If this production is commingled with that IV. COMPLETION DATA	nom any o	mer lease or	pool, giv	e comming	ling order number:						
		Oil Well	1 1 7	Jas Well	New Well Workover		1 5 1 1				
Designate Type of Completion	- (X)	1	. ; `	,40 11611	I wented I workovet	Deepen	Plug Hack S	ame Res'v	Dill Res'v		
Date Spudded	Date Con	npl. Ready to	o Prod.		Total Depth	I	P.B.T.D.		I		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth				
Perforations											
							Depth Casing	Shoe			
		TUBING	CASIN	JG AND	CEMENTING RECORI		<u> </u>				
HOLE SIZE		ASING & TI			DEPTH SET	<u> </u>		CVC CENE	ALT		
					DET ITI DET	0.5	CKS CEME	2			
						- 	2.	9-90	<u>, </u>		
							Le so				
V TECHTAMA AND ASSESSED	SCE DATE AND DESCRIPTION PRODUCTION OF THE PRODU								7		
V. TEST DATA AND REQUES OIL WELL (Test must be after t											
Date First New Oil Run To Tank	Date of 'I	lolal volume	of load o	oil and mus	t be equal to or exceed top allo Producing Method (Flow, pu	nable for thi	s depth or be for	full 24 hows	1.)		
=	Duic of 1	C St			recovering intention (From, pile	myr, gas tyt, i	uc.j				
Length of Test	Tubing Pressure				Casing Pressure	Choke Size	Choke Size				
Actual Prod. During Test	Oit - Bbls.				Water - Bbls.	Gas- MCF					
	J						<u> </u>				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensale/MNICI		Gravity of Condensate				
Testing Method (gifat, back or)	ing Method (pitot, back pr.) Tubing Pressure (Shui-in)				7 201100 6101000 460000000	ZULUZUL					
programme (pass, care pr.)					Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	L	E COM	DETAR	ICE	-\						
				NCE	OIL CON	ISFRV	ΑΤΙΟΝ Γ	NVISIO	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						CLIT		/I V 1010	14		
is true and complete to the best of my knowledge and belief.					Dolo Approvo	. FI	EB - 9 19	90			
Ka D. Za a.l					Date Approve	u					
- Henri	D. OBICIN	AL CION	בט פא								
Signaturé \tag{\text{Manager}} Ben D. Gould Manager					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Ben D. Gould Manager Printed Name Title					Title SUPERVISOR, DISTRICT IN						
1/2/90	5	05/677-			I ille	, -		 			
Date		Tel	ophone N	k).	11						

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
- 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 roof in multiply completed wells