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

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

State of New Mexico 2199, Minerals and Natural Resources Department

RECEIVED

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

1111 - 1 1992

DISTRICTIN	Sai	nta Fe, New Me	xico 8/504-2	บหช	,	1 1 1	192		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO				TION	0. C. 0	! ₹%		
I. Operator	101RA	NSPORT OIL	AND NATUR	IAL GAS] Well Â	PLNO.			
Reeves County Syst	ems, Inc.	- · · · · ·						-	
P. O. Box 152, Ode Reason(s) for Filing (Check proper box)	ssa, Texas	79760	Other (P)	lease explain)					
New Well		Transporter of: M							
Recompletion		Dry Gas							
Change in Operator If change of operator give name	Casinghead Gas []	Condensate []							
and address of previous operator	******								
II. DESCRIPTION OF WELL. Lease Name	1 N -			of Lease Lease No. Federal ox fex NMO473362					
DWU Federal Location	e de la composition della com			r-Atoka XXX			NMO473362		
Unit LetterJ	1980	Feet From The	South Line and	1980) Fcc	t From The	East	Line *	
3.4		Range 28-E						County	
1 Towns I				·				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Navajo Refining Co	or Conden		AAL GAS Address (Give ack P.O. Dra						
Name of Authorized Transporter of Casing GPM Gas Corporation	ghead Gas []	or Dry Gas [X]	Address (Give al. P.O. Box	bess to which	approved i	copy of this feri	in is to be sen	น)	
If well produces oil or liquids, give location of tanks.		Twp. Rge.	is gas actually con Yes	· · · · · · · · · · · · · · · · · · ·	When				
If this production is commingled with that: IV. COMPLETION DATA	from any other lease or	peol, give commingle	ing order number:						
	Oil Well	Gas Well	New Well W	orkover	Deepen	Plug Back	iame Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	- (X) Date Compl. Ready to	Prod.	Total Depth	1		P.B.T.O.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil Gas Pay			Tubing Depth			
	Company and a second of the se			Depth Casing Shoe					
Perforations						Deput Caving	2006		
		CASING AND							
HOLE SIZE	CASING & TU	JBING SIZE	DE	PTH SET		S/	ACKS CEME	ENT	
						*** **			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR ALLOW.		le esual to or exc	eed top allows	ble for this	depth or be fo	r full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method					, ,	
Length of Test	Tubing Pressure	•	Casing Pressure		gge gran namen	Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - libis			Gas- MCF	, my miretania	ra y paga naman and na	
GAS WELL			Particular control of the second			erane			
Actual Prod. Test - MCF/D	Length of Test		Iblis. Condenute	MNCF		Gravity of Co	indensate		
leating Method (pitot, back pr.)	Tubing Pressure (Shu	i in)	Casing Pressure (Shut in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE				1			
I hereby certify that the rules and regu-	OIL CONSERVATION DIVISION								
Division have been complied with and is true and complete to the best of my	JUL 1 0 1992								
5) 1 , 1 A	Date A	Date Approved							
A h. Als.	llin			ODIO:NI*!	CIONE	ים ח־			
Signature R. N. HILI	LIN	President	Ву	ORIGINAL MIKE WIL		יסו			
Printed Name 6/29/92	91	Title 5 563-3563	Title			STRICT IF			

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

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

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) Samente Form C.1M must be filed for each revol in multiple completed wells