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DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

Form C-104
Revised 1-1-89
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DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

C. C. D.

JUL 12'90

Openius   Section   Sect	I. Rio Brazos Rd., Aztec, NM 8741	REQUEST	FOR ALLOWA			ZATION	MESIN, CO.			
Address   Co Dil   Reports 6   Gas Services   Tite.   P. O. Box 755   Hobbs   RN 88241	Operator	W					il API No.			
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Change in Operating Recomplying to State   Change in Transporter of Recompletion   On Change in Transporter of Condensate   On Condensate		& Cas Sorvino	a Ina D	O D 5	7.5					
New Wall   Change in Transporter of College in Deptitor of College in Operator   State Continues   Oil Operator   Oil Operat	Reason(s) for Filing (Check proper box	<u> &amp; Gas Service</u> ;)	s, Inc., P.				38241			
Compared Operator IX  Consigned Ga Conclusion  H. E. 91 Old Comparation, Inc., P. O. Box 755, Hobbid, NN 88241  Lease Now Bread of pervisor operator  IX DESCRIPTION OF WELL AND LEASE  Lase Name  Well No. Pool Name, Including Formation  III. DESCRIPTION OF WELL AND LEASE  Use III. DESCRIPTION OF THE PROPERTY OF OLD Name of Food Name, Including Formation  Use III. DESCRIPTION OF TRANSPORTER OF OLD AND NATURAL GAS  Name of Audionated Transporter of Configuration		Change	in Transporter of:		. ,	,				
Managed operator pres name and address of previous operator   H. S. N. OIL COPPORATION INC. P. O. BOX 755, Hobbs. NE 88241	· —	-		Εf	fective	6/1/90				
H. S. 92 O11 COPPOPERTION. J. D. 1. SOUTH SET STATES AND LEASE  Lease Name    Lase Name		Casinghead Gas	_ Condensate _							
Lease Name   H-N   Federal   1   Southwest Sulphate Delaware   State Redestator Res   NM-19423     Location   Location   1   Southwest Sulphate Delaware   State Redestator Res   NM-19423     Location   Link Letter   A   330   Feet From The   Mortel Line and   560   Feet From The   East   Line Section   14   Township   255   Range   26F   NMTM,   Eddy   Country     Lill DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.   Nava jo Ref Infinity Co.   Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas   P. O. 180X 159   Artesia   Andreas   P. O. 180X 159   Artesia   Andreas   P. O. 180X 159   Artesia   P. O. 180X 159   Artesia   P. O. 180X 159   Andreas   P. O. 180X 159   Andrea	and address of previous operator H	L & W Oil Corp	oration, In	c., P. O.	Box 755	Hobbs	NM 8824	11		
Lease Name   H-N   Federal   1   Southwest Sulphate Delaware   State Redestator Res   NM-19423     Location   Location   1   Southwest Sulphate Delaware   State Redestator Res   NM-19423     Location   Link Letter   A   330   Feet From The   Mortel Line and   560   Feet From The   East   Line Section   14   Township   255   Range   26F   NMTM,   Eddy   Country     Lill DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.   Nava jo Ref Infinity Co.   Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   NM 88210     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas (Gree address to which approved copy of this form is to be seal)     Nava jo Ref Infinity Co.   P. O. 180X 159   Artesia   Andreas   P. O. 180X 159   Artesia   Andreas   P. O. 180X 159   Artesia   Andreas   P. O. 180X 159   Artesia   P. O. 180X 159   Artesia   P. O. 180X 159   Andreas   P. O. 180X 159   Andrea	II. DESCRIPTION OF WELL	L AND LEASE								
Lication   Line   Lin		····	ding Formation	ng Formation Kind			of Lease No.			
Use Letter A 330 Feet From The NOTTH Line and 560 Feet From The EOSS Line  Section 14 Township 255 Range 26E NMFM, Eddy County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil [EX] or Condensate P. O. Box 159, Art.esia, N. M. B210  Name of Authorized Transporter of Cataloghead Gae Or Dry Gas Address from address to which approved copy of this form is to be zero!  P. O. Box 159, Art.esia, N. M. B220  Name of Authorized Transporter of Cataloghead Gae Or Dry Gas International Composition of the policy of the form is to be zero!  P. O. Box 159, Art.esia, N. M. B220  Name of Authorized Transporter of Cataloghead Gae Or Dry Gas International Composition of the John Science address to which approved copy of this form is to be zero!  P. O. Box 159, Art.esia, N. M. B220  Name of Authorized Transporter of Cataloghead Gae Or Dry Gas International Composition of the John Science address to which approved copy of this form is to be zero!  P. O. Box 159, Art.esia, N. M. B220  Name of Production of Cataloghead Gae Or Dry Gas International Composition of the John Science address to which approved copy of this form is to be zero!  P. O. Box 159, Art.esia, N. M. B220  Name of Authorized Transporter of Cataloghead Gae International Composition of the John Science address to which approved copy of this form is to be zero!  P. O. Box 159, Art.esia, N. M. B220  Name of Authorized Transporter of Cataloghead Case International Composition of the John Science address to which approved copy of this form is to be zero!  P. O. Box Vell Workford White Authorized Cataloghead Case International Catalo		1	Southwest	Sulphate	Delawar	е х <b>язю</b>	Federalton Rese	NM-194	23	
Section 1.4 Township 2.5 Renge 2.5 Name 2.5 Name 2.5 Name 2.5 Name 2.5 Name 2.5 Name of Audonized Transporter of Oil SEX Or Conformate Address Give address to which approved copy of this form is to be sent)  Name of Audonized Transporter of Classipsead Gas Or Dry Gas Address Give address to which approved copy of this form is to be sent)  Name of Audonized Transporter of Classipsead Gas Or Dry Gas Address Give address to which approved copy of this form is to be sent)  Name of Audonized Transporter of Classipsead Gas Or Dry Gas Address Give address to which approved copy of this form is to be sent)  Name of Audonized Give address to which approved copy of this form is to be sent)  Name of Production of Units.  Name of Inspect of Classipsead Gas Or Dry Gas Address Give address to which approved copy of this form is to be sent)  Name of Production of Units.  Name of Production of Units Or Dry Gas Or Dr										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil SEX Or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cleanghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cleanghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cleanghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cleanghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cleanghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry of Cleanghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Industry or Dry Gas Address (Give address (Give address of White Production or Dry Gas Address (Give address (Give address of White Production or Dry Gas Address (Give address of White Production Or Sent Address (Give address of White Production Or Sent Address (Give address of White Production Or Sent Address (Give address of White Production Or Dry Gas Address (Give address of White Production Or Dry Gas Address (Give address of White Production Or Dry Gas Address (Give address of White Production Or Dry Gas Address (Give address of White Produ	Unit Letter A	:330	Feet From The _	North Lin	e and56	<u>0</u> F	eet From The _	East	Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Confederate    Part	Section 1.4 Towns	shin 250	Page 067		. em 1					
Address (Give address to which approved copy of this form is to be seed)  Name of Authorised Transporter of Catanghead Gas  Name of Authorised Transporter of Catanghead Gas  Note:  Note: The Production of Catanghead Gas  Note: The Production of C	19 10/110	255	Range 26E	, Nr	мРМ,	Edd	ly		County	
Name of Authorized Transporter of Casinghead Gas	III. DESIGNATION OF TRA									
Name of Authorized Transporter of Casinghead Gas  North Nort	•	XX	ensate	ł					1)	
Note   Production is commissible with that from any other lease or pool, give commission of lanks.   Unit   Sec.   Twp   Rge.   Is gas actually connected?   When?	Name of Authorized Transporter of Case	ing Co.			P. O. Box 159, Artesia			, NM 88210		
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  TUBING, CASING AND CEMENTING RECORD  TOTAL POPULATION DATA  TOTAL POPULATION DATA  Designate Type of Completion - (X)  Date Spudded  Date Completion - (X)  Date Spudded  Date Completion - (X)  Date Spudded  Date Completion - (X)  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  P.B.T.D.  Tubing Depth  Performations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  PL 1 - 3  1-21-90  At 19-3  Test DATA AND REQUEST FOR ALLOWABLE  MILE WELL  (Test must be after recovery of local volume of local oil and must be equal to or exceed top allowable for this depth or be for full 24 hours:)  Producing Method (Flow, pump, gas lift, etc.)  And Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Tubing Pressure  Chaing Pressure  Chaing Pressure  Choke Size  Tubing Pressure (Shut-in)  Choke Size  Oil - Bbls.  Oil - Bbls.  Oil CONSERVATION DIVISION  Date Approved  JUL 2 5 1990  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  Title  Title  SUPERVISOR, DISTRICT 19			of Diy Gas	Address (Give	e adaress to wh	uch approved	t copy of this for	n is to be sen	t)	
Table production is comminged with that from any other lease or pool, give comminging order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Devalors (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top OluGas Pay  Tubing Depth  Depth Casing Shoce  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  Pol. T. F.D3  2-2.1 -90  Aug. PD  T. TEST DATA AND REQUEST FOR ALLOWABLE  III. 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 of Test  Tubing Pressure  Choke Size  Tobing Pressure  Choke Size  T. Casing Pressure  Choke Size  T. COPERATOR CERTIFICATE OF COMPLIANCE  I brethy certify that the rules and regulations of the Oil Conservation  Date of Test  Donna Holler  Agent  Title  Supervisor, District 19  Title Supervisor, DISTRICT 19  Title  Title  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19	If well produces oil or liquids,	Unit Sec.	Twp. Rge	. Is gas actually	connected?	When	1?			
Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Date Spudded  Date Completion - (X)  Date Spudded Date Completion - (X)  Name of Producing Formation  Total Depth  P.B.T.D.  Tubing Depth  Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  P. L. J.	· · · · · · · · · · · · · · · · · · ·			No		i				
Designate Type of Completion - (X)  Dis Spudded  Dase Compl. Ready to Prod.  Dis Spudded  Dase Compl. Ready to Prod.  Total Depth  Total Depth  P.B.T.D.  Tubing Depth  Preforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part FD-3  7-2-1-90  Long Producing Prossure  Length of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  T. OPERATOR CERTIFICATE OF COMPLIANCE  Interest Producing Method (plow, back pr.)  Tubing Depth  Plug Back Same Resv  Diff Resv  Producing Method (plow)  Depth Casing Shoe  Tubing Depth  Tubing Depth  Past FD-3  7-2-1-90  Length of Test  Date of Test  Date of Test  Casing Pressure  Choke Size  Choke Size  T. OPERATOR CERTIFICATE OF COMPLIANCE  Interest of the the ristormation given above is true and complete to the best of my knowledge and belief  Date Approved  JUL 2 5 1990  By ORIGINAL SIGNED BY  Minke WILLIAMS  Title SUPERVISOR, DISTRICT 19  Title SUPERVISOR, DISTRICT 19  Title SUPERVISOR, DISTRICT 19	If this production is commingled with the	at from any other lease of	r pool, give comming	gling order numb	рег:					
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Compl. Ready to Prod.  Depth P.B.T.D.  Devalors (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  P.J. J 3  7-21-99  T. TEST DATA AND REQUEST FOR ALLOWABLE  III. 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; )  Aute First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Casing Method (Flow, pump, gast lift, etc.)  TASS WELL  Licital Prod. Test - MCF/D  Length of Test  Bibls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  The Casing Pressure (Shut-in)  The Condensate of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Donna Holler  Agent  Title  Title  SUPERVISOR, DISTRICT IT  Title  SUPERVISOR, DISTRICT IT  Title  Title  SUPERVISOR, DISTRICT IT	V. COMILETION DATA	lo:LW-	U C W U	N   W   1	***		·			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part 70-3  7-21-90  TEST DATA AND REQUEST FOR ALLOWABLE  BILL 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 of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Luciual Prod. During Test  Oil - Bbls.  Condensate/MMCF  Gravity of Condensate  Tubing Pressure (Shut-in)  Choke Size  T. OPERATOR CERTIFICATE OF COMPLIANCE  Inhereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Donna Holler  Printed Name  Title  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19	Designate Type of Completion	n - (X)	ii   Gas well	New Well	Workover	Deepen	Plug Back   Sa	ime Res'v	Diff Res'v	
Tubing Depth   Tubing Depth   Tubing Depth   Tubing Depth   Depth Casing Shoe	Date Spudded	Date Compl. Ready	to Prod.	Total Depth			PRTD		L	
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part FD-3  7-21-90  Ling 90  Ling							1.5.1.5.			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Pert FD - 3  7-21-90  And FD - 31  Pert FD - 3  Pert FD - 4  Pert FD - 3  Pert FD - 4  Pert FD - 4  Pert FD - 3  Pert FD - 4  Pert				Top Oil/Gas Pay			Tubing Depth			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  First FD-3  7-21-90  Long FD  TEST DATA AND REQUEST FOR ALLOWABLE  MIL 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.)  Auter First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  CLOUDERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Donna Holler  Agent  Title  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19										
ACLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  FIG. 3  7-20-90  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  FIG. 4  7-20-90  CASING & TUBING SIZE  TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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 of Test  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shut-in)  Choke Size  CLOPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that information given above is true and complete to the best of my knowledge and belief.  Donna Holler  Agent  Title  Title  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF							Depth Casing S	ihoe		
ACLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  FIG. 3  7-20-90  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  FIG. 4  7-20-90  CASING & TUBING SIZE  TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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 of Test  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shut-in)  Choke Size  CLOPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that information given above is true and complete to the best of my knowledge and belief.  Donna Holler  Agent  Title  Title  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF		TUBING	. CASING AND	CEMENTIN	IG RECORT	<u> </u>	1			
T. TEST DATA AND REQUEST FOR ALLOWABLE    It was 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 of Test	HOLE SIZE							SACKS CEMENT		
T. 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  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Condensate/MMCF  Gravity of Condensate  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  T. 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  Donna Holler  Agent  Title  Title  Title  Title  Title  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19										
Casing Pressure   Casing Pressure   Casing Pressure   Choke Size							7-3			
DIL 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.)  Alte First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Si		-		-			ch	p		
Casing Pressure   Casing Pressure   Casing Pressure   Choke Size	. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	<u> </u>	······································		1 0			
Asie 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  Choke S	OIL WELL (Test must be after			t be equal to or e	xceed top allov	vable for this	depth or be for	full 24 hours	1	
Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shut-in)  Choke Size  Cl. 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.  Casing Pressure (Shut-in)  Clonke Size	Date First New Oil Run To Tank	Date of Test	_:	Producing Met	hod (Flow, pun	ιρ, gas lift, e	(c.)		<u>/</u>	
Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shut-in)  Choke Size  Cl. 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.  Casing Pressure (Shut-in)  Clonke Size	seeth of Tox									
CAS WELL  Length of Test  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  CLOPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Donna Holler  Agent  Printed Name  Title  7/11/90  SUPERVISOR, DISTRICT IS  Title  SUPERVISOR, DISTRICT IS	zengun ox less	Tubing Pressure		Casing Pressure			Choke Size			
CAS WELL  Length of Test  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  CLOPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Donna Holler  Agent  Printed Name  Title  7/11/90  SUPERVISOR, DISTRICT IS  Title  SUPERVISOR, DISTRICT IS	Actual Prod. During Test	l Prod. During Test Oil - Bbls.		Water - Bbis.			Cas MCE			
Signature   Donna Holler   Agent   Title   Title   Agent   Title   T	, and the second						OW ITICI			
Signature   Donna Holler   Agent   Title   Title   Agent   Title   T	GAS WELL			·			<u> </u>			
Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  CLOPERATOR 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.  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  JUL 2 5 1990  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  7/11/90  505-393-2727  Title  Title  Title  SUPERVISOR, DISTRICT 19	Actual Prod. Test - MCF/D	Length of Test		Bbls, Condensa	te/MMCF		Gravity of Cond	lancota		
TI. 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  Signature  Donna Holler  Agent  Printed Name  Title  7/11/90  505-393-2727   OIL CONSERVATION DIVISION  Date Approved  JUL 2 5 1990  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19		_					Clavity of Code	cusate		
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	esting Method (pitot, back pr.)	ag meinoa (puot, back pr.) Tubing Pressure (Shui-in)		Casing Pressure (Shut-in)			Choke Size			
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										
Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  JUL 2 5 1990  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  7/11/90  505-393-2727  Title SUPERVISOR, DISTRICT II						>==>:/·				
Signature  Donna Holler Printed Name  7/11/90  Signature  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT II	I hereby certify that the rules and regul	lations of the Oil Conser	vation		IL CONS	SERVA	ATION DI	VISION	1	
Signature  Donna Holler Printed Name 7/11/90  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT II	is true and complete to the best of my	knowledge and belief.	en above				1111 9 5	1000		
Signature         By         ORIGINAL SIGNED BY           Donna Holler         Agent         MIKE WILLIAMS           Printed Name         Title         SUPERVISOR, DISTRICT I?           7/11/90         505-393-2727         Title         SUPERVISOR, DISTRICT I?	0.4			Date /	Approved		JUL & 3	1920		
Donna   Holler   Agent   MIKE WILLIAMS	- Money Valle									
Printed Name         Title         Title         SUPERVISOR, DISTRICT I?           7/11/90         505-393-2727         Title         SUPERVISOR, DISTRICT I?				By						
7/11/90 505-393-2727 Title SUPERVISOR, DISTRICT II		<u>Ag</u>			ALIGHBURGED DIGTDIOT IS					
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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.