State of New Mexico

Submit 2 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Netural Resources Department

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

DISTRICT P.O. Drawer DD, Anesia, NM # 210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	10	THANSFORT C	IE AID IAA	CA		PI Na			
BC & D :OPERATING, INC.					30-031-05147				
Address									
PO Box 5926 Hobbs Reason(s) for Filing (Check proper	NM 88241		Charles and the second	(Please explai	<del> </del>				
New Well		ze in Temporter of:		гиан кіры	, I			i	
Recompletion	Oil	Dry Cas	E	FFECTIVI	E: May	15. 199	93		
Change in Operator		Condensate							
If change of operator give name and address of previous operator	American Explo	oration 1331	ilamar, St	e 900;	Housto	n, Texa:	s 77010	)-3088 🛫	
IL DESCRIPTION OF W	ELL AND LEASE								
Santa Fe RR	₩all		-	50		f Lease Federal or Fe		rare No.	
Location	3	ј наspan	Lower Sand		349437	CAMBON OF LOS	<u> </u>		
Unit LetterD	. 660	East Serve The	N orth Line at	<b>.</b> 660 .	E.	- E T-	West	•	
_		TOTAL PORT PORT PORT PORT PORT PORT PORT PORT			Feet From The West Line McKinley				
Section 7 To	wzship 17N	Range	8W , NMP	М,	MCK1	niey		County	
III. DESIGNATION OF T	RANSPORTER OF	OIL AND NAT	URAL GAS						
Name of Authorized Transporter of	Oil [X ] or Co	ederoats [	Athens (Give a	ddrass to whic	ch approved	copy of this fo	rm is to be 24	ni)	
	Giant Refining PO Box 12999 Scottsdale, AZ								
AMERICAN AMERICAN SERVICE OF	Cangangas & Cas	or Day Gas []	Address (Give a	de <del>ress</del> to whic	ch approved	copy of this fo	TM is to be se	ni)	
f well produces oil or liquids, Unit Sec. Twp. Per ve location of tanks.			is gas actually connected? When ?						
give location of tanks.	<u></u>								
If this production is commingled with IV. COMPLETION DATA	that from say other loan	e or pool, give commit	gling order mamber:		*				
	lou v	Well Ges Wall	Now Well V	Vorkover	Deepea	Plug Back	Some Berly	Diff Res'v	
Designate Type of Comple			i i				Contract No. 4	Dill REST	
Date Sputted	Date Compl. Resc	ly to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Foundation			Top Oil/Gas Pay			Table Dark			
						Tubing Depth			
Perforations						Depth Casing	Spoe		
	אופו דר -	IC CASING ANT	CEMENTONIC	DECORD					
		TUBING SIZE		CEMENTING RECORD DEPTH SET			SACKS CEMENT		
				<u> </u>			OHORS SERVENT		
		····							
			-			<del></del>	<del></del>		
V. TEST DATA AND REQ					. <u></u>		···		
OIL WELL (Test must be a Date First New Oil Run To Tank	her recovery of total volu	me of load oil and me					AL BAC		
THE PUR NEW CHI KIER 10 I MAK	Date of Test		Producing Metho	d (Flow, pum	p, gas lift, et	دع ا		6 " "	
Length of Test	Tubing Pressure		Casing Pressure		·····	Choks Size	11111		
								2 2 1993	
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF	OIL CO	ON. DI	
GAS WELL			<u> </u>	···			- DI	ST. 3	
Actual Prod. Test - MCF/D	Length of Test		Bhis. Condensate	ANUT					
			DATE CONCESSION	MINCE	e sije i zarijani	Cravity of C	MOORTHY	•	
esting Method (pilot, back pr.)	Tubing Pressure (S	hat-m)	Carring Pressure (	Shot-es)		Choka Siza			
T OPEN A POR COM						***			
L OPERATOR CERTIF	TCATE OF CON	APLIANCE		CONS	SERVA	TION	DIVISIÓ	NI.	
I bereby certify that the rules and a Division have been complied with	and that the information :	nivan abova			•			14	
is true and complete to the best of	Date ApprovedJUN 2 21993								
Donne	Lhin			pp. UVBU		A			
Signature	By								
Donnie Hill	SUPERVISOR DISTRICT #3								
6/4/93		392-2041	Title		JOI LITY!		iniol #	J	
Dete	7	elephone No.							
and the second s		The second secon							

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.