Submit 5 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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Anesia, NM 88210	•	JIL CO			VIION I ox 2088	DIVISIO	N	•		-	
DISTRICT III		Santa			ox 2008 exico 875(04-2088					
1000 Rio Brazos Rd., Aziec, NM 87410 I.						AUTHORIZ					
Operator	AT OIL	AND NA	TURAL GA		API No.						
B C & D OPERAT	ING, INC	J		·							
P.O. BOX 5926.	HOBBS,	NM 882	41								
Reason(s) for Filing (Check proper box) New Well		Change in Tra			Oth	cr (Please expla	in)				
Recompletion	Oil	☐ D ₁	y Gas		C	hange ir	n Operat	tor			
Change in Operator X If change of operator give name	Casinghead		ondensat					···			
			TION	, 13.	31 Lamar,	, Ste 900	, Houst	ton, TX	77010	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL Lease Name	AND LEA		ol Nam	e. Includi	ing Formation	2	Kind	of Lease FEI	2 1	ase No.	
SANTA FE RAILRO	<u>nd</u> 5	Lowe	State,	Federal or Fee		:48C 110.					
Umi Letter	_ : <u>_</u>	990 Fe	et From	The	WEST_Line	e and16	50 Fe	et From The _	NORTH	Line	
Section 7 Townshi	p 17	7N R	inge	8W	, NI	мрм, МСК	INLEY			County	
III. DESIGNATION OF TRAN	SPORTEI	R OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil GIANT REFINING		Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, SCOTTSDALE, AZ									
Name of Authorized Transporter of Casinghead Gas or Dry Gas								SDALE, AZ copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Sec. Tv	vp.	Rge,	ļ		 ,				
give location of tanks.	D	7	17N	8W			When	. .			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	i, give c	omming	ing order numb	per:	·				
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Ready to Pri	od.		Total Depth			P.B.T.D.	L	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas I	5au					
Perforations (DF, RKB, RI, GR, etc.) Name of Producing Formation					Top Old Cas Lay			Tubing Depth			
renorations								Depth Casin	g Shoe		
		CEMENTI	NG RECOR	D							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						····					
V. TEST DATA AND REQUES OIL WELL (Test must be after r.				•	<u> </u>						
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	al volume of l	oad oil a	and must	be equal to or Producing Me	exceed top allo thod (Flow, pu	wable for this	s depth or be f	or full 24 how	e)aa Fa	
Leaville of The	3-40 V. Tex						·φ, gas 191, ε		≦ € 35		
Length of Test	Tubing Pressure				Casing Pressure			JUL 2 3 1993			
Actual Prod. During Test					Water - Bbis.			Gas-MCF			
GAS WELL								VIII VIII			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Program (Charles)			Chake Size				
(, , , , , , , , , , , , , , , , , , ,	ranial Lieserie (2000-10)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANC	E		NI CON	CEDV	ATIONI			
I hereby certify that the rules and regula Division have been complied with and t	hat the inform	nation given a	on bove			DIL CON				N	
is true and complete to the best of my knowledge and belief.					Date ApprovedJUL_ 2 3 1993						
Signature					By_ Bul Shaw						
DONNIE HILL Printed Name	PRESIDENT				SUPERVISOR DISTRICT #3						
7/16/93	Title (505) 392-2041				Title						

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.

(505) 392-2041

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) Separate Form C-104 must be filed for each pool in multiply completed wells.