Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aziec, NM 87410	DECLIES	פד בטו	2 411 (2)4	VAD	LE AND	AUTHORI	7471011				
I.						TURAL G					
Operator		11 1/414	ioi Oi II	OIL	AND IVA	TUNAL G		API No.	···-	 .	
B C & D Operating,	Inc.	·····									
P.O. Box 5926, Hobb	bs, NM 8	8241									
Reason(s) for Filing (Check proper box)					Othe	er (Please expli	ain)	 			
New Well	Ch	ange in Tr	ansporter of:			•	•				
Recompletion Change in Operator	Oil		ry Gas		Chan	ige in Op	perator				
Change in Operator X If change of operator give name	Casinghead G	as C	ondensate [-						
and address of previous operator Amer	rican Exp	lorati	ion 133	l La	amar, St	e 900, I	Houston	TX 770	010-3088		
II. DESCRIPTION OF WELL	AND LEASI	E								*****	
Lease Name	We		ool Name, In-	cludin	g Formation		Kind	of lease Foo	of Lease Fee Lease No.		
Lone Pine Dakota L					e Dakota b State,			Federal or Fe			
Unit Letter	_:170	017/6) ect From The	_Sc	outh Line	and 2980) Fo	et From The .	West	Line	
Section 7 Townshi				BW_			1cKinley	7		County	
III. DESIGNATION OF TRAN	 ՉԻՈՒԾԵՐ 4	ar ou	A NIIN NI A	rgig two							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL Condensat	AND NA	TUR	Address (Give	e address to wi	hick annsons	Laanu aCabia C			
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 Casing	e of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy				n()	
If well produces oil or liquids,			 ,							,	
give location of tanks					is gas actually	connected?	When	7			
If this production is commingled with that IV. COMPLETION DATA		ase or poo	17N 8V		ng order numb	per:			·····		
	lo	il Well	Gas Wei	<u></u>	New Well	Workover	Danne	Diam Darie	10 0	- L	
Designate Type of Completion	- (X)		1	"	1464 11611	WORDVEI	Deepen	i Piug Back I	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								0	Depth Casing Shoe		
					Deput Casing Shoe						
	TUB	ING, C	ASING AI	VD (CEMENTIN	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>		·	
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE		······································			<u> </u>			
OIL WELL (Test must be after re				nust b	e equal to or	exceed top allo	wable for thi	s depth or be s	for full 24 how	re)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	uc.) [])			
Length of Test	Tubing Pressure				Casing Pressu	ге		Chole Size	···		
Actual Dead Paris III	(A)								JUL2 3 1993		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	OIL CON. DE!		
GAS WELL								-l	8.31		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			1	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF CO)MPI I	IANCE		[J			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved JUL 2 3 1993						

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

Signature
Donnie Hill

<u>7/16</u>/93

Printed Name

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.

Title

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

President

Telephone No.

(505) 392-2041

- 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.