Submit 5 Cories
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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTE	<u>ians</u>	PORT O	IL AND N	ATURAL G	AS					
Operating,	Ind.								(eli API No. 30-031-20338			
Address		41				<del></del>		001 20		<del></del>		
PO Box 5928 Hobbs, Reason(s) for Filing (Check proper box)		41				ther (Please exp	Jain 1					
New Well				porter of:		(1 1220 E.A.	<del></del>		•			
Recompletion	Oil Control		Dry		EFFEC	TIVE: Ma	ay 15, 1	L993				
If change of operator give name		ead Gas		Jeassete						······································		
and address of previous operator Ame			tion	1331_	Lamar: 1	louston.	Texas	77010				
II. DESCRIPTION OF WELL	ding Formatic:											
Hospah Sand Unit	Well No.   Pool Name, Included   14   Hospah Up				_			l of Lease Lease No.		.ea to No.		
Unit Letter A	:	925	_ Feet 1	From The _	North L	ne and133	<u>0</u>	eet From The	<u>East</u>	Line		
Section 1 Townsh	ip	17N	Rang	<b>e</b> 9	И.,.	имем, Мо	Kinley			County		
III. DESIGNATION OF TRAIN	NSPORTI	ER OF C		ND NAT								
Giant Refinery	Address (Give address to which approved copy of this form is to be sent) PO Box 5926 Scottsdale, AZ											
Name of Authorized Transporter of Casin	y Cas	Address (Give address to which approved copy of this form is to be sent)										
rell produces oil or liquids, Unit Sec. Twp. Replocation of tanks. B 1 17N 9V												
f this production is commingled with that	from any of	l l	1 1	7N 9W	line and as are	· · · · · · · · · · · · · · · · · · ·	i					
V. COMPLETION DATA		THE MARKET CAL	poor, g	148 Comming	mid ough mui	iber:	<del></del>			·		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.	<del></del>	Total Depth	<u> </u>	l	P.B.T.D.	L	<u> </u>		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay							
erforations								Tubing Depth				
GIOMON				Depth Casing Shoe								
•	<del>- 7</del>	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT					
	<del> </del>							<del> </del>	<del></del>			
									·			
. TEST DATA AND REQUES	T FOR A	LLOW	RIF									
IL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	z.)		
ute First New Oil Run To Tank	1		Producing Me	shod (Flow, pur	np, gas lift, e	C.J.	A	V P FR				
ength of Test	Tubing Pressure				Casing Pressure QR Size					V E I		
								וטו שעו				
ctual Prod. During Test	Oil - Bbls.	Oil - Bbis.				Water - Bbls.			Gas- MCP UN 2 2 1993			
AS WELL								-'OIF	CON.	DIV.		
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Oravity of Condensate				
ting Method (pitot, back pr.)							a management management					
(pain, sack pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
L OPERATOR CERTIFICA	TE OF	COMPI	JAN	CE			08014					
I hereby certify that the rules and regulations of the Oil Committation 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 JUN 2 21993							
Monnie Hell					. 1							
Signature Donnie Hill President					By Chang							
Printed Name  6/4/93  Table 392-2041					Title SUPERVISOR DISTRICT #3							
Date	<del></del>		bone No					<del></del>				
1 / 2 /					L							

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.