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DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
IMANSFORTER	GAS	
OPERATOR		
PRORATION OF		
Chargios		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Ellective 1-1-65

FILE		igsquare					AND			_	
U.S.G.S.		 		AUTHORIZ	ATION TO	O TRAN	NSPORT (OIL AND N	ATURAL G	AS	
LAND OFFICE	OIL	-									
TRANSPORTER	GAS										
OPERATOR											
PRORATION OF	FICE	<u> </u>	L	<u> </u>	<u> </u>						
perator F1 Dac	o Fyn	lor	ati	on Company							
daress	O EXP			on company							*
1800 k	lilco	Bui	1di	ng, Midland	, Texas	7970	1				
Reason(s) for filing	(Check s	proper	box)				(ther (Please	explain)		
iew Weil				Change in Tran	sporter of:						
Recompletion	岗			Oil Casinghead Ga	<u>.</u> H	Dry Gas Condens					
Change in Ownershi	PLAI			Castriqueda Ga		Condens					
change of owner			ne	Odessa Natur	al Corp	orati	on - P.	O. Box	3908 - 0d	essa. Texas	79760
nd address of pre	vious ow	vner .									
ESCRIPTION C	F WEL	<u>.L A</u>	ND I	LEASE	I 101-11 21- 11	Seel No-	a lasiudia	Formation		Kind of Lease	
ease Name Jica				Lease No.	i 1			Associa	ted	Kind of Lease Ji(State, Federal or Fe	carilla • Anache
Joint Ventu	ire K	<u> </u>		None 90	<u> </u>	Gliacon	Dakota	1 ABSUCIA			праспе
_	р		9	70 Feet From Th	South	: ina	and .	800	Feet From T	he East	
Unit Letter		- ; 		- reet riom in	•						
Line of Section	4		Tow	vnship 23N	Rom	nge 3	BW	, NMPM,		Rio Arriba	County
							_				
ESIGNATION C)F TRA	INSP	ORI	TER OF OIL AND	NATUR	AL GAS	Sidress (C	ive address to	which approv	ed copy of this form i uite 238	s to be sent)
Giant Refi							Petrol	eum Plaza	Bldg. S	Suite 238	87401
Name of Authorized	Transpo	rter	f Cas	inghaad Gas 😱	or Dry Gas		Address (C	ive address to	which approv	mington N.M. ed copy of this form i	s to be sent)
El Paso Na			_	11		ļ	F.O. Bo	ox 1492 Texas	79978	Prod. Contro	<u> </u>
If well produces oil				Unit Sec.	Twp.	Rge.	Is gas acti	Texas	d? Whe		
give location of tar				P 4	23N	3W	<u> </u>	Yes		11-18-77	
this production	is comm	ingle	d wit	th that from any oti	her lease o	r pool, p	give comm	ingling order	number:		
COMPLETION I	<u>)ATA</u>			1 O11 We	eli Gas	Well	New Well	Workover	Deepen	Plug Back Same F	Res'v. Diff. Res
Designate Ty	rpe of C	Comp	letic	n = (X)	1) !	1	1	! ! ! !	
Date Spudded				Date Compl. Ready	to Prod.		Total Dep	h		P.B.T.D.	
Elevations (DF , RF	(B, RT, (GR, e	tc.,	Name of Producing	Formation		Top Oil/G	as Pay		Tubing Depth	
							L			Depth Casing Shoe	
Perforations											
<u> </u>				TUBI	NG, CASIN	NG, AND	CEMENT	ING RECOR	D		
HOLI	ESIZE			CASING &				DEPTH SE		SACKS C	EMENT
											
				<u> </u>							
				1			 				
			- E	OR ALLOWARI	- /Tank =		fran sacowar	e of total value	me of load oil	and must be equal to	or exceed top all
TEST DATA AN OIL WELL	ID KEG	lors) I F	OR ALLOWABLE	able fo	or this de	pth or be fo	r full 24 hours)		
Date First New Ci	Run To	Tank	3	Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
										Choke Size	
Length of Test				Tubing Pressure			Casing Pr	esawe		Chora stra	
	- 7			Oil-Bbis.			Water - Bb	le.		Gas-MCF	
Actual Prod. Durin	if tast			J J							* 4
							<u></u>			3	Alla Ý
GAS WELL											1
Actual Prod. Test	-MCF/D	1	***	Length of Test			Bbis. Cor	denscte/MMC	F	Gravity of Gondens	ate #
							Casing Pi			Choke Size	<u> </u>
Testing Method (p	itot, baci	k pr.j		Tubing Pressure			Casing Pi	.essn.e		Chore Size	
				<u> </u>			<u> </u>	011	CONSERVA	TION COMMISS	ION
CERTIFICATE	OF CO)MPI	LIAN	CE				OIL (CNSERVA	TION COMMISS	
				lations of the	Oil Conse	ervation	APPRO	OVED			_, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY							
		1					Th	is form is to	be filed in	compliance with Ri	ሀኒድ 1104.
1/2 121	2/1	مرن	1.2	Zucas	/				for allow	ichte for a newty d	rilled or deepe
(Signature)					well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
Superv	isor,	Pro		tion Records			All sections of this form must be filled out completely for allo				
(Title)				sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own							
	<u>e-/</u>		70	vate)			📑 well ni	ame or numbe	r, or transpor	ter, or other such cr	sange of conditi
			1 42	/			Se	parate Form	s C-104 mus	t be filed for each	n pool in multi
							- comple	fed wells.			