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

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

DD Rio Brazus Rd., Aztec, NM 87410					LE AND A					····	
sio Company			Well A	PI No.							
ddress 2310 Mid-Contine	ent Towe	r, Tuls	sa O	K 7410	3			<u> </u>			
eason(s) for Filing (Check proper box)					Othe	r (Please ex	plain)				
ew Well		Change in T	ransport	ter of:							
ecompletion	Oil	<u> </u>	Dry Gas		Effec	ctive l	-1-9	90			
hange in Operator	Casinghead	i Gas 🔲 (Condens	ate							
change of operator give name d address of previous operator											
. DESCRIPTION OF WELL	. AND LEA	NSE									
ase Name Well No. Pool Name, Including					B 1 Ollimerod				ind of Lease ate, Federal or Fee 417		
Jicarilla "O"		2	West	Lindr	ith Gall	Lup-Dak	ota	State, i		41	/
ocation A	7	90	_	_ No	rth Lin		990	Eas	t From The	East	Line
Unit Letter	_ : <i>`</i>		Feet Fro	om The		c and			a Flom The		
Section 10 Towns	11p 22N	<u> </u>	Range	3W	, N	мрм,	Sand	loval			County
		n or or	T 4 BIT	N BLATTELL	DAT CAR						
II. DESIGNATION OF TRA		or Condens	L AINL	NATO	Address (Giv	e address to	which	approved	copy of this for	m is to be se	nt)
The Permian Corp.					P.O. Box 1183, Houston, T						
Name of Authorized Transporter of Casi	nghead Gas		or Dry (Gas []	Address (Gir	e address to	which	approved	copy of this for	m is to be se	nt)
E26 Co.				-1	ļ			When	?		
f well produces oil or liquids, ive location of tanks.	Unit I	Sec. 10	Twp. 22N	Rge.	Is gas actual! Yes	-	11	•	7 5-7-82		
this production is commingled with the	1 1				L						
V. COMPLETION DATA	it from any oar			_					· 		
		Oil Well	0	Jas Well	New Well	Workove	r	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completio		1			Total Depth	L			P.B.T.D.		
Date Spudded	Spudded Date Compl. Ready to Prod.				•						
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>				Depth Casing	Shoe	
. •••••											· · · · · · · · · · · · · · · · · · ·
					CEMENT	ING REC	ORD	N 150 F	T	ACKS CEN	CNIT
HOLE SIZE	CA	CASING & TUBING SIZE				D) EDEPTHSE V E			SACKS CEMENT		
					 - 				IJ		
					<u> </u>	FEBO:	9 199	30			
									<u> </u>		
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE		O	L CO	IV.	DIV.) is doubt or he fi	or full 24 ha	urs.)
OIL WELL (Test must be after	r recovery of t	total volume	of load	oil and mus	Producing N	Acthor (Fla	Tall 3	n. eas lift.	elc.)	01 1111 27 110	
Date First New Oil Run To Tank	Date of To	est			1 todacing 1	Action (1 10	.,	F1 63·1	-· •		
Length of Test	Tubing Pr	ressure			Casing Pres	sure			Choke Size		
Ecular or Ten									Gas- MCF		
Actual Prod. During Test	Oil - Bbis.			Water - Bbi	Water - Bbls.			ORD 11101			
			 		1						
GAS WELL	Length of	Class			Bbls Cond	ensate/MMC	er		Gravity of C	ondensate	
Actual Prod. Test - MCF/D	Length of	ı ital			25.0. 00.10		•		1	and in the fact.	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pre	ssure (Shut-i	n)		Choke Size			
					_\						
VI. OPERATOR CERTIF	ICATE O	F COM	PLIA	NCE			ON	SERV	ATION	DIVISI	ON
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with any that the information given above						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					II Do	te Appre	OVO C	, 1	FEB 09 1	99 0	
1/	Jul.		_		Da	ra whhi	UVU		A		
J 1/1/422. 6							•	3.4	s el		
Signature Patrick B. Cobb, President										****	
Printed Name Title						le	•	ourtk	VISOR DIS	HICT	13
February 1, 1990		918/58			'"						
Date		Te	lephone	No.					keyango 4 mga nangangkatah (Control of Control

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.
- A Savarata Form C.104 must be filed for each nool in multiply completed wells.