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

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	10	INAMS	SPORT OIL	און טוור	, 0, 1, 12 0,	Well A	PI No.			
sio Company										
dress 2310 Mid-Continent	- Тоwer. Т	ulsa.	OK 74103							
ason(s) for Filing (Check proper box)				Oth	er (Piease expla	in)				
ew Well	Cha	nge in Tra	nsporter of:							
ecompletion	Oil	X Dr	. [7	Eff.	ive 1-1-	-90				
hange in Operator	Casinghead Ga	`	ndensate	DLT.	1140 1 1					
hange of operator give name										
d address of previous operator	ANDIGACE	•								
DESCRIPTION OF WELL AND LEASE ase Name Well No. Pool Name, Including							Kind of Lease Lease No. State, Federal or Fee 417			
Jicarilla "O"	th Gallup-Dakota State			, Federal or Fee 417						
ocation	. 170	5 _	et From The _S	outh	reand 86	55 Fa	et From The	East	Line	
Unit Letter	_:	<u> Fe</u>	et From The	Judi Li	K and	23				
Section 10 Townsh	ip 22N	Ra	inge 3W	, N	IMPM, S	Sandoval			County	
I. DESIGNATION OF TRAI	NSPORTER (OF OIL	AND NATUL	RAL GAS				 -		
laine of Authorized Transporter of Oil	X or	Condensate	• []	Municis (Otte man Cas to time of the						
The Permian Corp.					P.O. Box 1183, Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casi	nghead Gas	or	Dry Gas []	Address (Gi	ve address to wi	hich approved	copy of this form	10 DE SE	nu) 	
SZO f well produces oil or liquids,				Is gas actually connected? When			7			
ve location of tanks.	В	B 10 22N 3W		Yes						
this production is commingled with tha	t from any other le	case or poo	ol, give commingli	ng order nur	nber:					
V. COMPLETION DATA			Gas Weil	New Well	_,	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Designate Type of Completion		il Well	Uas well	146M 1461			i		_1	
Date Spudded	Date Compl. F	teady to P	rod.	Total Depth	1		P.B.T.D.			
ate apagaca		Date Compile territory								
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				<u></u>			Depth Casing Si	hoe		
					and the day of the control of the co				·	
			ASING AND	CEMENT			1	KS CEN	IENT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET U 15			SACKS CEMENT			
					FEB 0.9	1990	9			
	_				rcous					
	_				IL CO	1. DIV				
V. TEST DATA AND REQU H. WELL (Test must be afte	EST FOR AL	LOWA	BLE .		DIST	, 3 , ,	in doub or he for	full 2d ha	urs.)	
) IL WELL (Test must be afte	r recovery of total	volume of	load oil and must	be equal to	or exceed top at Method (Flow, p	nowable for th pump, pas lift.	etc.)	Jan 24 1101		
Date First New Oil Run To Tank	Date of Test			1 tomoring						
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size		
Exiligation and								Gas- MCF		
Actual Frod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.					
GAS WELL			·	_l				·		
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Con-	densate/MMCF		Gravity of Con	densate	•	
	15.C			Casing Pressure (Shut-in)			Choke Size			
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Silut-III)						
VI. OPERATOR CERTIF	ICATE OF O	COMP	LIANCE		011 00	NOCO	/ATIONI D	avaei	ON!	
I harshy certify that the rules and re	vulations of the O	il Conserv	ation		OIL CO		ATION D		OIN	
Division have been complied with	and that the inform	cition give	n above				FEB 09 199	Ų		
is true and complete to the best of	ny knowledge and	belief.		∥ Da	ate Approv		A			
fliMits to					By SUPERVISOR DISTRICT 13					
Signature Patrick B. Cobb, President				∥ By	/	SHIPED	VISOR DIST	PICT	13	
SIO Company	<u> </u>		Title						• *	
Printed Name February 1, 1990	91.8	/582-5		Ti	tie					
Date		ر <u>حرر </u>	phone No.	11						

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