Submit 5 Cooles 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 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		<u> IO INA</u>	1110	PORT OIL	VIAD IAV	TUMAL GA	NO.				
Operator							Well A				
									0-039-05636		
Address	J 7V	70700		201							
P. O. Box 891, Midlan Reason(s) for Filing (Check proper box)	<u>a, IX</u>	79702	<u> - U</u>	391	Orb	ner (Please expla					
New Weil		Change in	Tran	sporter of:		ici (i ieuse expiu	ur)	÷			
ew Well Change in Transporter of:											
Change in Operator	Casinghea	ıd Gas 🗀			Effecti	ve Janua	rv 1. 1	993			
f change of operator give name							··· J · · · · ·				
and address of previous operatorFIN	A OIL	AND CH	FMT	CAL COMP	ANY						
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	_	Well No.		Name, Includir			L _ '	Lease		ase No.	
Bolack B		<u> </u>	Ва	llard Pic	tured C	liffs (Ga	as) State,	Federal or Fe	NMSF08	30594A	
Location 0		000		٥.		ז ד ו	- 0		C		
Unit Letter	<u> </u>	990	_ Feet	From The 50	utn Lie	se and	<u>DU</u> F <b>o</b>	et From The	East	Line	
Section Township	_ 24	1N	n	ge 6W		neme Pio	Arriba			Constant	
Section 1 Township	p	711	Ran	ge OW	, <u>N</u>	мрм, К10	ALLIDA		<del>,</del>	County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde				ve address to wh	ich approved	copy of this f	orm is to be se	ni)	
				ليستا							
Name of Authorized Transporter of Casing	ghead Gas		or D	Ory Gas XX		ve address to wh			orm is to be se	nt)	
El Paso Natural Gas			.—		P. O. Box 1492, El Paso, TX 79978						
If well produces oil or liquids,					Is gas actually connected? When ?						
give location of tanks.	<u> </u>	<u> </u>	<u></u>		Yes			<u> </u>			
If this production is commingled with that  IV. COMPLETION DATA	from any ou	her lease or	pool,	give commingi	ng order nun	nber:	<del></del>		<del></del>		
IV. COMPLETION DATA		Oil Wel	, ,	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	. ;	O22 17 CII			Deepen	l Ling Dack	Same Nes v	Jili Kes v	
Date Spudded	Date Com	ipi. Ready t	o Proc	1.	Total Depth		·	P.B.T.D.	·	_1	
					. !						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casir	ng Shoe		
				2012		nia praor		1			
	TUBING, CASING AND C				CEMEN I				CACKS CENENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
	<u> </u>						<del></del>	1			
	<del> </del>						<del></del>	<u> </u>			
	1	-	•								
V. TEST DATA AND REQUE										,	
OIL WELL (Test must be after t	recovery of 1	total volume	of lo	ad oil and must					for full 24 hou	4 TO 100	
Date First New Oil Run To Tank	Date of T	csi			Producing N	hethod (Flow, pu	ump, gas lift, i		6 5 4	品层 印	
	<u> </u>				Ci D			Choke Size			
Length of Test	Tubing Pr	ressure			Casing Pressure			JAN2 51993			
Actual Prod. During Test	OH Phi	· · · · · · · · · · · · · · · · · · ·	<del></del>		Water - Bbis.			Gas- MCF			
Actual Front During Test	rod. During Test Oil - Bbls.							QI.	OIL COM. DIV.,		
					L				051.	3	
GAS WELL Actual Prod. Test - MCF/D	Length of	Tast		<del></del>	Bble Conde	ensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MICP/D	Leugui Oi	1021			Bois. Could			J	Marie Constant		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI OPERATOR CERTIFIC	ATEO	F COM	PI I	ANCE	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					JAN 2 51993						
is true and complete to the best of my	knowledge	and belief.			Dat	e Approve	ed	MI4 ~ 0			
-1 $M$											
( My / Mar /					By.	By Bul Chang					
Signature Mauz / Kegiclent					SUPERVISOR DISTRICT #3						
Printed Name					Title	e					
01/22/93		15-60	52	-77/4							
Date /		Te	nebpo	ne 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

