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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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

··		IU IKA	UND P	<u> </u>	<u>ANU</u> NA	TUHAL G					
Operator	T							II API No.			
Holcomb Oil & Gas,	inc.			· · · · · · · · · · · · · · · · · · ·				0-039	1-2115	2	
Address P.O. Box 2058, Far	mington	, New h	Mexic	o 874	99						
Reason(s) for Filing (Check proper box)		,				net (Please exp	lain)				
New Well		Change in	Transpo	rter of:		ge in own					
Recompletion	Oil		Dry Ga	_				ve March	1, 1989	•	
Change in Operator XX	Casinghea	d Gas	Conden	sale		-			-,		
change of operator give name and address of previous operator Ban	non Ene	rgy, I	nc. 3	934 F.I	M. 1960	West, Su	ite 24	0, Houst	on, Texas	s 77068	
L DESCRIPTION OF WELL											
ease Name Well No. Pool Name, Including						ng Formation Kind			of Lease No.		
BURRO CANYON	1 Pictured Cl							te, Federal or Fe			
ocation	7	90			Courth	1.6.1					
Unit Letter	- : <u>-</u>		Feet Fro	om The	Lir	e and161	. 3	Feet From The	<u> </u>	Line	
Section 16 Townsh	ip 24N		Range	4W	, N	MPM, Ri	lo Arri	ba		County	
I. DESIGNATION OF TRAN	SPORTE			D NATU							
lame of Authorized Transporter of Oil		or Conden	sate		Address (Gi	we address to w	hich appro	ved copy of this	form is to be se	ent)	
iams of Authorized Transporter of Casin El Paso Natural Ga	thead Gas or Dry Gas XXX				Address (Gi	ve address to w	hich appro	ved copy of this j	copy of this form is to be sent)		
					P.O. Bo	x 1492,			Texas 77978		
f well produces oil or liquids, ive location of tanks.	Unsit	Unuit Sec.		Rge.			l w	When? March 12, 1976			
this production is commingled with that	from say orb	er lesse or		e comminati			11		1710		
V. COMPLETION DATA	any ou	~ nesc∪f]	, <u>1</u> 17	- censimish	न्त्र अवस्य प्रयो		•				
Designate Type of Completion	- (X)	Oil Well	ļ	ias Well	New Well	Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.	<u> </u>		
levations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay						
								Tubing Dep	Tubing Depth		
erforations						_		Depth Casin	ng Shoe		
	7	TIRNIC	de.	VEARD		G D COF	20				
HOLE SIZE					CCMIDN I	DEPTH SET		<u> </u>	CACKC CEN	C) IT	
THOLE GILL	CASING & TUB YE SIZE							-	SACKS CEMENT		
				AUGI	7 1989				·	·	
				- P4 P	AL D	V					
4504 P. W. 150 P. P.	DO E 22				L	V.					
TEST DATA AND REQUE				Di	ST. 3						
IL WELL (Test must be after to the First New Oil Run To Tank	Date of Te		of load o	ou and must		r exceed top all lethod (Flow, p			for full 24 hou	rs.)	
enath of Test	Tust : *	Thu b				•	· · · · · · · · · · · · · · · · · · ·				
ength of Test	Tubing Pre	Tubing Pressure				ure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	<u> </u>		Gas- MCF	Gas- MCF		
GAS WELL	1				1	 			<u> </u>		
Actual Prod. Test - MCF/D	Length of	Length of Test				nsate/MMCF		Gravity of	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	aure (Shut-in)		Choke Size	Choke Size		
			-			·					
I. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	ICE			JOED	VATION.	D. 11016		
I hereby certify that the rules and regu						OIL CO	12F H	VATION	DIVISIO	אכ	
Division have been complied with and is true and complete to the best of my	that the info	rmation give	en above		[]			AUG 1	7 1989		
1. The size evidence of the ocal of this	The soule g	ા .			Date	Approve	ed	MOO T	1 1000		
la JAfolank						Original Signed by FRANK T CHAVES					
Signature W. J. Holcomb					By_		 -		TI GIA		
Printed Name August 15, 1989	(505) 326-(Title 0550		Title)	SUPE	RVISCR DISTRIC	វ 🥁 ទី		
Date	• • •		phone N	o.							

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.