Submit 5 Copies
Apprepriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

Louis Dreyfus Natural Gas Corp.   Well APING.   30-039-06759	1000 Rio Brazos Rd., Azzec, NM 87410								UTHORIZ URAL GA	_				
Manual Control Quart   Springs Parkway, Soite 600 - Oktahoma City, OK 73134	Operator							Well API No.						
Listed Out   Description   Color   Description   Descrip		L Gas C	orp.								30-039-	·U0/39		
Canage in Transporter of Canage in Transporter of Canage in Transporter of Canage in Transporter of Canage in Comments	14000 Quail Springs	Parkwav	, Suite	600	0 - 0	0kla	homa Ci	Lty	, OK 7	3134				
Consequence	Reason(s) for Filing (Check proper box)				-		Ou	her	(Please expla	iús)				
Case of persons pire anne and address of previous operator DEKALB Emergy Coupany - 1625 Broadway - Denver, CO 80202    DESCRIPTION OF WELL AND LEASE	New Well		Change in			f:								
Address (From Section of Case) Section 1   Case Name	Recompletion		C 🗆	•		H								
Lase None    Lise None   Contents   Lise None   Lase None   Lise N	If change of operator give name	<u>_</u>				16	25 Bros	ad w	vav - De	nver. C	80202	<del></del>		
Mill es   Federal   1   Largo Gallup   Rind of Loss   SP-079162   Lossion   Mill es   Federal   1   Largo Gallup   Rind of Lass   SP-079162   Lossion   Lo	and address of previous operator	· ·	ergy co	мраг	11 y	10	23 Bloa		uay De					
Miles Federal  1 Largo Gallup    Control   Miles Federal   1 Largo Gallup   Control   Unit Later	I. DESCRIPTION OF WELL AND LEASE							- Formation Kind of				Classe No.		
Location   Company   Com								-						
Value   Peet From The   Line state   Line	Location			<u>.                                    </u>			<u> </u>							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil of Condensate Address (Give address to which approved copy of this form as to be sens)  Name of Authorized Transporter of Casinghead Cas	Unit LetterC	_ :	710	Feet l	From Ti	he N	orth L	ine i				West	Line	
Name of Authorited Transporter of Oil  OCCORDENSIAN  Name of Authorited Transporter of Casinghaed Gas	Section 5 Townsh	ip	26N	Range	e	7	<u>W</u> 1	NM	PM, Ric	Arriba			County	
Name of Authorited Transporter of Oil  OCCORDENSIAN  Name of Authorited Transporter of Casinghaed Gas	III DECICNATION OF TOAR	NCPARTI	ER OF O	11. A?	ND N	ATUI	RAL GAS	S						
Name of Authorites Transporter of Casingheded Gas	Name of Authorized Transporter of Oil		or Conder	sale			Address (G	ive	address 10 w	hich approved	copy of this f	orm is to be se	ni)	
If well productor is comminged with that from any other lease or pool, give comminging order number:  If this production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give comminging order number:  If well production is comminged with that from any other lease or pool, give lease with a first state of the production of the pro			Tran						<del></del>			i- a- t-		
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Tubing production is commissingled with that from say other lease or pool, give commissing order number:	If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	is gas actua	aliy	connected?	When	7			
Designate Type of Completion - (X)  Dise Spudded  Dise Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Dise Dise Dise Dise Dise Dise Dise Dise	give location of tanks.	_ <b>i</b>	<u> </u>	<u> </u>							<del></del>			
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Date Spadded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Tubing Depth  Tubing Depth  Tubing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  GASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Rus To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Oil - Bibls.  Water - Bibls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Totaling Method (puor, back pr.)  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is user indicomplese to the been of my knowledge and belief.  Signature  Signature  Signature  October 16, 1992  (405) 749-1300  Title  Title			Oil Well		Gas W	Vell	New Wei	11	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Rus To Tunk  Date of Test  Length of Test  Length of Test  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Oil - Bbls.  Water - Bbls.  Condensate/MMCF  Using Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been compiled with and that the information gives above is user find Complete to the best of my transverdage and belief.  Signature  Ronnie K. Irani  Printed Name  October 16, 1992  (405) 749-1300  Title			npl. Ready to	o Prod.	<del></del> -	<del> </del>	Total Dept		•	1	P.B.T.D.	J	_	
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Length of Test	Date that he would not have	Date of .		_										
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Signature  Ronnie K. Irani Printed Name October 16, 1992  October 16, 1992  October 16, 1992  Supervisor District #3  Title  Title  Title							∥ <sub>Da</sub>	ate	Annroy	ed	NUV	- & 1332	• 	
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Printed Name October 16, 1992  (405) 749-1300  Title  Title	•		Vice			nt_	-,			St	JPERVISC	OR DISTR	ICT #3	
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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
- 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.