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Appropriate 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

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 Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Unit Letter M : 1040 Feet From The South Line and 800 Feet From The Wester Section 28 Township 26N Range 5W , NMPM, Rio Rrriba  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Issue of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be a state of Aut	County  sent) 87413
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Other (Please explain)   Vett	County  Per sent)  87413  Me sent)
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DESCRIPTION OF WELL AND LEASE  So Name  Well No. Pool Name, Including Formation Iticarrilla Apache  Iticarrilla Apache  Unix Letter M  1040  Feet From The South Line and 800  Feet From The West  Section 28 Township 26N  Range 5W  NMPM, Rio Rrriba  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  The of Authorized Transporter of Oil or Condensate P. O. Box 159  Bloomfield, N.M.  The farathon Oil Company  In production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion - (X)  Part of Oil Company  Oil Well Gas Well New Well Workover Deepen Plug Back Same Recogners of Same Recogners of Completion - (X)  P. D. Box 159  Bloomfield, N.M.  P. O. Box 552  Midland, Tx. 79  When 7  1967  Total Depth  Tubing Depth  Tubing Depth  Tubing Depth	County  Per sent)  87413  Me sent)
DESCRIPTION OF WELL AND LEASE  Name    Well No.   Pool Name, Including Formation   State, Federal or Fee   Tr.	County  Per sent)  87413  Me sent)
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icarilla Apache  Il Basin Dakota  State, Federal or Fee Trustice  Unit Letter M : 1040 Feet From The South Line and 800 Feet From The West  Section 28 Township 26N Range 5W NMPM, Rio Rrriba  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  To of Authorized Transporter of Oil or Condensate  Address (Give address to which approved copy of this form is to the production of Caninghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to the production of tanks.  To Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Top Oil/Gas Pay  Tubing Depth  Transporter of Casinghead or Feet Trusting and South Line and 800 Feet From The West Trusting and South Carry Hold Ready to Prod.  Top Oil/Gas Pay  Tubing Depth  Top Oil/Gas Pay  Tubing Depth	County  Per sent)  87413  Me sent)
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HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS C	EMENT
THOSE BARRA AND DECLERATE CONTAINED	
TEST DATA AND REQUEST FOR ALLOWABLE	h1
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 First New Oil Rug To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	nours.)
First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lyft, etc.)	
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OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVIS	
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Date Approved  Signature  Airk A. Zoller Production Superintendent  Date Approved  SUPERVISOR DISTRICE	,
Signature  Date Approved  By  By  By  By  By  By  By  By  By  B	,

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.