Submit 5 Copies 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

Operator

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas P.O. Box 4990, Farmington, NM 87499 If well produces oil or Unit Sec. Twp. Rge. Is gas actually connected? When? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (N) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff R. Designate Type of Completion - (N) Date Compl. Ready to Prod. Total Depth P.B.T.D. 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 CEN V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WEL (Test must be after recovery of total volume of load oil & must be equal to or exceed top all the state of	Operator Meridic					Well API No.			
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VI. OPERATOR CERTIFICATE OF COMPLIANCE	VI OPERATOR	CEDTIEI	CATE OF	COMPLIA	NCE	·			
Thereby certify that the rules and regulations of the Oil Concernation Division to	I hereby certify that the	e rules and regulati	ions of the Oil C	ONIPLIA	ANCE on have				
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Signature By 3.11)	Signature	Z. J.	4,224			D.	7	ا (بدیا	d.
Shannon McMarris				Production 4	Assistant	ру			8
Printed Name	Printed Name		***************************************			SUPERVISOR DISTRICT #3			
2/1/94 505-326-9526	2/1/94	***************************************			6			***********	***************************************
Date Telephone No.		500000000000000000000000000000000000000				,			
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104		This form i	is to be filed	in complianc	e with Rule	1104	**************************************	·····	
1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken in	1) Request for allow	able for newl	ly drilled or	deepened we	ll must be ac	compaine	by tabulati	ion of deviat	tion tests taken in