Submit 5 Copies
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

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OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		TOTRA	11121	OHI OIL	- AND NA	TURAL GA					
Operator Court hown Under	. 17						Well	API No.			
Southern Unior	1 EXPIO	ration	Comp	pany			l				
,	NBU300	1	Farm	ington.	NM 8740	)1					
Reason(s) for Filing (Check proper box)						er (Please explo	zin)				
New Well		Change in									
Recompletion	Oil	🗀	Dry G								
Change in Operator   If change of operator give name	Casinghea	ia Gas	Conde	nsate XX						·	
and address of previous operator	· · · · · · · · · · · · · · · · · · ·	<del> </del>				<del> </del>			·		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Includ			1.			Kind of Luane Lease No. States Federal or Fee CEO79/21				
Nickson		14	<u> </u>	Basin	Dakota			Leokisi of Le	F0784	+31	
Location	1.0	1.0			NT.	107	· ^		t.ī		
Unit LetterD	:10	10	Feet Fi	rom The	N Lin	e and107	<u> </u>	eet From The	<u> </u>	Line	
Section 23 Township	p 2	6	Range	8	, N	<b>мрм,</b> Sa	n Juan			County	
III. DESIGNATION OF TRAN  Name of Authorized Transporter of Oil	SPORTE			D NATU		a addraga ta sub	ick approve	d come of this (	arm is to he re	.me1	
					Address (Give address to which approved copy of this form is to be sent)						
Giant Refining Company XXX  Name of Authorized Transporter of Casinghead Gas or Dry Gas						Post Office Box 256 Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company XXX						Post Office Box 990 Farmington, NM 87499					
If well produces oil or liquids,	Unit	Sec.	Twp.		ls gas actuall	y connected?	When	17	JII 3 - IVII - O	7477	
give location of tanks.	<u> </u>		<u> </u>		<u> </u>						
If this production is commingled with that in IV. COMPLETION DATA	rom any oth	er lease or	pool, giv	e commingl	ing order numi	ber:					
IV. COMILETION DATA	<del></del>	Oil Well	-10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		1				1	i	
Date Spudded	Date Comp	ol. Ready to	Prod.	· · · · · · · · · · · · · · · · · · ·	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pav		Tubing Depth			
Elevations (DF, KKB, K1, OK, 816.)						· - <b>,</b>		Tuning Dep	Tuoning Deput		
Perforations	l							Depth Casin	g Shoe		
	1				CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING			IBING S	SIZE	DEPTH SET			SACKS CEMENT			
						<u> </u>	<del> </del>	<del> </del>			
V. TEST DATA AND REQUES							<b>.</b>				
OIL WELL (Test must be after re	· · · · · · · · · · · · · · · · · · ·		of load o	oil and must					or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Tes	<b>s</b> t			Producing Me	thod (Flow, pu	rup, gas iyi,	eic.j			
Length of Test	Tubing Pressure			Casing Pressu	ne.		Ch ne Size	3 A 1" 1	16 B B B		
Length of Tex	I dolling 1 ic	boulc .			Casing Ficadure			10) [	VE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			G MCF	-,		
								DEC31 1991			
GAS WELL								11		T)ls	
ctual Prod. Test - MCF/D Length of Test				Bbis. Condensate/MMCF			Gravit of Condensate				
·							DIST. 3				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					ı <del>r</del>			1			
VI. OPERATOR CERTIFICA				ICE	(	JII CON	SERV	ATION I	OIZIVIC	N	
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 is true and complete to the best of my knowledge and belief.					Date Approved DEC 3 1 1991						
				-	Date	Approved	·	/			
Janda & Jush					S. ITOI						
Signature Linda Murphy Office Supervisor					By Drank Jany						
Printed Name	·	<del>                                     </del>	Title	<del></del>	Title.	. SU	PERVISO	R CISTR	dt#3		
1/1/92 5	05/327				l me.						
Date		Telep	ohone No	0.							

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.