Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Miñerals 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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	1	OTHANS	PORT OIL	ANU NA	UNAL GA		DI M-		<del></del>	
Decrator La P. Mos	na T	-				Well A	TI 1.0°			
ddress	•			/-	226	77				
P.O. Box  [eason(s) for Filing (Check proper box)  [lew Well	1	Change in Trai	asporter of:	Othe	es (Please expla	/ / in)				
completion	Oil Casinghead	L. Dry Gas ☐ Cor	Gas Undensate							
change of operator give name ad address of previous operator	R.C.	WYN	IN DA	all me	TEXA	<u>s</u>				
I. DESCRIPTION OF WELL	AND LEA	SE	ol Name, Includia	- Formation	<del></del>	Kind (	of Lease	Le	ase No.	
Lease Name		Well No. Pox	BIANCO	Mesi	verde		Federal or Fe		78476	
Location	7	a .	et From The		and 14		et From The .	E	Line	
Unit Letter	_ ·		<i>(</i> ))			SAN.		1	County	
Section / Townsh  II. DESIGNATION OF TRA!				RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		Address (Giv	e address to wh	rich approved	copy of this f	orm is to be se	nt)	
Varne of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tw	/p. Rge.	Is gas actually connected? When ?						
this production is commingled with that V. COMPLETION DATA	from any oth	er lease or pool	l, give commingl	ing order num	ber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Forms	ation	Top Oil/Gas Pay			Tubing Depth			
					L			Depth Casing Shoe		
Perforations										
1015 6175		TUBING, CA		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE		Silid a TOBI	100122							
		I I OIVAD						007	100 E T	
V. TEST DATA AND REQUIOIL WELL (Test must be after	recovery of to	ALLOW AB otal volume of l	LE load oil and mus	be equal to o	r exceed top all	lowable for th	is al D	for all who	us) 5	
Date First New Oil Run To Tank	To Tank Date of Test				lethod (Flow, p	wnp, gas lift,	etc.	MAR22	1389	
Length of Test	Tubing Pressure			Casing Pressure			Choke SizeMAR2 2 1989			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF DISC"			
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Test		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shut-in	)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI  I hereby certify that the rules and rep Division have been complied with a	guiations of the	e Oil Conservat	tio <b>a</b>		OIL CO	NSERV	ATION	DIVISIO	NC	
is true and complete to the best of m	y knowledge	and belief.		Dat	e Approv	ed	MAR 2	2 1989		
Signature Larry P. Moore President  Distant Name  Title					By					
Signature Larry P. Mo	ore t	reside	ent.		_	Quiner enter	WISTON:	C COTT TO	T # 11	
Printed Name 3/23/89 3 Date	03/87	7 9 - 4 8 Telep	ode No.	Title	9	SUPER	V1210N	U STRIC	1 # <b>3</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.