## 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 P.O. Drawer DD, Anesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		U IHA	NOL	OHI OIL	AND NA	I UNAL GA					
Operator L. P. Moore	. I.	ve					3	LPI No. 30-04	15-21	1196	
Williess —	285			STE	am bo	AT 5	OAINE	- Ca	80	477	
Reason(s) for Filing (Check proper box)	200	<u> </u>			Oth	x (Please expla	in)	1			
New Well		Change in	Transp		_	•					
Recompletion	Oil		Dry C								
Change in Operator	Casinghead		•	ensate							
f change of operator give name	UGNN				<u></u>						
				·) -/·			<del></del>				
II. DESCRIPTION OF WELL			Bool 1	Name Includi	ng Formation		Kind o	of Lease	1.0	ase No.	
ease Name Well No. Pool Name, Includi LArgo Fed. # OTero								Federal or Fee NM 019401			
Location	. 14	80	East 1	From The	N Line	and	20 E	et Emm The	W	Line	
Unit Letter				<i>Q</i>		APM.	511	-7	4.1	County	
Section Township			Range			arm,	JAN	541	<del>*</del> *\	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OI or Conden		ND NATU	RAL GAS Address (Giv	e address to wi	rich approved	copy of this f	orm is to be se	n)	
Name GR					Box	256	FAR	misgto	NINM		
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)  BOX 990, FARMING TON, NM						
Z.7.G.	1 11=14	<u></u>	T	Page	Is gas actually	770/-	When		<u> </u>	,,,,	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y connected?	i wien				
If this production is commingled with that	from any other	r lease or	r. pool, g	rive comming	ing order numl	жг:					
IV. COMPLETION DATA			,-			C			10 0 1	bico	
Designate Type of Completion	- (X)	Oil Well	-	Gas Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
ate Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Dan Springs street, in the											
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
TUBING, CASING AND					CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
	ļ							<del> </del>			
					ļ			ļ	<del></del>		
V. TEST DATA AND REQUES	ST FOR A	HOW	ARI.	<u> </u>	L	<del> </del>		ع س	CE!	W F M	
					be equal to or	exceed top all	owable for thi	or be	for full 24 hou	75.)	
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etd.)					
									AR2 2 19	ti d	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	CON.	DIM	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	নার্গ	, ,	
GAS WELL	<u> </u>				<u> </u>						
Actual Prod. Test - MCF/D	D Length of Test				Bbis. Conder	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
III opposition	1 =====================================	001.5		NCE	-			1			
VI. OPERATOR CERTIFIC					(	OIL CO	NSERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation					1					- • •	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1	Date Approved MAR 22 1989					
is true and complete to the best of my	THOMSEGRE 91	ni venei.			Date	Approve	ed	_ MAN	A IJOJ		
L. O Mano							3	رالمن	Chum		
Signality O 11 +					∥ By_				<del>-</del>	TOT # R	
Signature P. Moore President Printed Name Title							SUP	EKVISIO	N DISTR	₽ 0.4 U. A.	
3/23/89 303/879-4869					Title				<del> </del>		

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.