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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	HEQ	TOTRA	OH AL	TOMA	L AND NA	AUTH ACIUTA	ORI	ZATION A C				
Operator Towns Potes				<u> </u>	27410147	11011/	L G		API No.			
"nion Texas Peti	roteum C	ornora	tion									
2.0. Box 2120	Houston	, Texas	s 77	252-21	120							
Reason(s) for Filing (Check proper box)	1	Channa in	Т		Ou	her (Pleas	e expid	шп)				
Recompletion	Oil	Change in	Dry Gar									
Change in Operator	Casinghe	ad Gas 🗔	-		4 -							
If change of operator give name and address of previous operator										······································		
II. DESCRIPTION OF WELI	L AND LE	ASE	CB) 20 5/N	/				·		······································	
Newsome "B"		Well No.	Pool Na		ing Formation	·			of Lease		78384	
Location		1110	, ,,,	ROCA				State	Federal or Fe	e SFU	/8384	
Unit Letter	:		Feet Fro	m The	I ie	e and		5	F 7 7			
Section 05 Towned	26	N		08	, 1		_	, —	eet From The		Line	
Section O Towns	aip 0	·	Range		\sim , N	MPM,	5	an of	MN		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil Meridian Oil Inc	_ _	or Conden	ente [Address (Gir	e eddress	60 w/s	E approved	copy of this f	form is to be s	eu)	
Name of Authorized Transporter of Casi	ame of Authorized Transponer of Casinghead Gas or Dry Gas [V]								gton, NM 87499 copy of this form is to be sent)			
El Paso Matural		Gas Co.			P.O. B	OX 49	90,	Farmin	gton, 'M 87499			
give location of tanks.	Unit	Sec.	Тwp.	Rge.	is gas actuali	y consect	ed?	When	?			
If this production is commingled with that	t from any oth	er lease or p	ood, give	comming	ing order mum	ber:		L				
IV. COMPLETION DATA		Oil Well		***	· · · · · · · · · · · · · · · · · · ·	,						
Designate Type of Completion	i - (X)	Oil Well	(4	s Well	New Well	Worken	rer	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compi. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing For	matica		Top Oil/Gas	Pav						
Perforations									Tubing Dept	Loving Depth		
renorations									Depth Casing Shoe			
	T	UBING, (CASIN	G AND	CEMENTI	NG REC	ORE)	<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			ZE	DEPTH SET				SACKS CEMENT			
	:						···		·			
V. TEST DATA AND REQUES	ST FOD A	I I OWA	61 E						-			
OIL WELL (Test must be after I				and must i	be equal to or	exceed to	n allan	mble for this	dowk on he C	6.11 34 1	1	
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	thod (Flo	v, pum	p, gas lift, e	ic.)	or just 24 hour	3.)	
Length of Test	Tubing Pres				Casing Pressu				0-1-5			
	1 doing 1 tes	ente.			Canny Fressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis				Gas- MCF				
GAS WELL	·			· · · · · · · · · · · · · · · · · · ·								
Actual Prod. Test - MCF/D	Length of To	est		 -	Bhis. Condens	nto AAV	E		(C	<u>.</u>		
									Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	TANC	<u>-</u>	Γ	·						
I hereby certify that the rules and regula	mions of the C	Dil Conservat	tion	.E	C	IL CO	SNC	SERVA	ATION E	DIVISIO	N	
Division have been complied with and it is true and complete to the best of my k	that the inform	nation styra	above								- -	
	12 1				Date	Appro	ved		AUG 28	1989		
innet.	inneit - Losa							3.	L) e	2		
Annette C. Bisby Env. & Reg. Secretry					Ву				ISION D		<i>4 m</i>	
Printed Name 8-4-89	(71	т 3) 968-	itie 4012	_	Title_					-erute <u>r</u>	π ₩	
Date			none No.									
				l								

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.

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 Rotton of Page

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSP	ORT OI	L AND NA	TURAL 6	NAC ION					
Operator								API No.				
Inion Texas Petro	oleum Co	rnora	tion									
2.0. Box 2120	louston,	Texa	s 77	7252-21	120							
Reason(s) for Filing (Check proper box) New Well		.	-	_		het (Please exp	piain)					
Recompletion	Oil	Change in	•	_								
Change in Operator	Caninghead		,	,	-							
If change of operator give name and address of previous operator						·	·			·		
II. DESCRIPTION OF WELL	ANDIE	CE		0 10	4							
Lesse Name			I Phot N	BAC:	ing Formation		l Vind	of Lease				
Newsome "B"	İ	11E		allup				or Lease Federal or Fe	<u>.</u>	Lease No. '078430		
Location										070430		
Unit Letter	_ :		Feet Fr	om The	انا	se and	F	et From The		Line		
Section Township	26	<u> </u>	_	08	1			_				
Section Townshi	o La	<i>,</i>	Range		VO , N	MPM,	AN J	URN		County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	ente.		Address (Gi	ve address to w	which approved	copy of this j	orm is to be s	eni)		
Meridian Oil Inc.					P.O. Box 4289, Farmington, NM 87499							
Name of Authorized Transporter of Casing El Paso Matural G	as Co.		or Dry	Ces 🔀	Address (Give address to which approved copy of this form is to P.O. Box 4990, Farmington, 'I' 87					ent)		
If well produces oil or liquids, give location of tanks.	Unit .	Sec.	Twp.	Rge.	is gas actual	y connected?	When	?				
If this production is commingled with that i	from any other	r lease or	2001 = 10		line anten							
IV. COMPLETION DATA		· u ,	pout, gre	e constant	and cross with			···				
Designate Type of Completion	· (X)	Oil Well	l o	ias Weil	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compt	. Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u></u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe				
									,			
					CEMENTI	NG RECOR	ש					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET	•	SACKS CEMENT					
				···								
												
V. TEST DATA AND REQUES OIL WELL Test must be after re												
	Covery of total	i volume d	of load oi	i and must					or full 24 hou	rs.)		
	Date of 168				stomicing IM	shod (Flow, pr	ump, gas lýt, ei	ic.)		;		
Length of Test	Tubing Press	ure			Casing Press.	rise		Choke Size		;		
Actual Prod. During Test	Oil - Bbls.	~	·· · · · · · · · · · · · · · · · · · ·	·	Water - Bbis.			Co. VCE				
	OII - 15015.			,	Marti - DOIF			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Te	s t			Bbis. Conden	mac/MMCF		Gravity of C	ondensue			
							A Company	7.54				
esting Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressu	re (Shut-in)		Choke Size				
I. OPERATOR CERTIFICA	TE OF	COMPI	T A NI	~ <u>-</u>	 							
I hereby certify that the rules and regular	ions of the Oi	il Conserv	ation	CE		DIL CON	ISERV	TION I	DIVISIO	N		
Division have been complied with and th	at the inform	ation give	above							•		
is true and complete to the best of my kn	cowneage and	belief.			Date	Approve	d	UG 28	1989			
Jun 4.												
Annette C. Bisby Env. & Reg. Secretry					Ву_		مسط) el	<u>{</u>			
Printed Name 8-4-89			Title		Title.		SUPERVI	SION DI	STRICT	# 3		
Date			bone No						-			

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