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Appropriate District Office
DISTRICT J
P.O. Box 1986, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-85
See Instructions
at Notion of Page

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aziec, NM 87410	D									
ī,	REC	QUESTI	FOR A	<b>LLOW</b>	ABLE AND AUTHO	PIZATION	1			
Operator	<del></del>			OHIC	OIL AND NATURAL			···		
Petroleum Development Corporation							11 A11 Na 30-139-23276			
Address							0-039-	-232'	76	
9720 B Candelaria		41 buque	rque,	NM 87	112					
Reason(s) for Filing (Check proper box) New Well		<u>.</u> .			Other (Please	explain)		Care.		-
Recompletion	Oit	Change	-		name C	hanger	from Su	ntex#	3	
Change in Operator		end Gas	J Dry C Conde			1 0				
If change of manufacture	<u>_</u>				on moveddiressi:	A Lde Ni eur		······		
•			v.	rever	10000000000000000000000000000000000000	00000	Spur.	Oil IN	<u>c.</u>	
II. DESCRIPTION OF WELL Lease Name	, AND L		15							
El Poso Ranch		3 Yell 140.	1001		diag Formation	Kind	of Lease , Federal or Fee	) . He	ease Na.	$\neg$
Location				0.179	WC DAR	10/10	, receiai di III			_
Unit Letter F	_ :18	58	_ Feet Fr	rom The _	North Inc and 1	800	eet From The	West		
Section 14 Townsh	ip 28N								Line	
FIDONI & NIA M	Ch	AND	Range	^	NMPM,	Rio Arr	riba		County .	
THE PROPERTY OF THE PARTY OF TH	<b>VŠPORT</b>	ek Of O	IL AN	DNAT	JRAL GAS				•	
A Manoused Manshorter Of Oil		or Conde	nante		Address (Give address to	which approve	d copy of this for	m is to be se	N) /	刁
Name of Authorized Transporter of Casin	ghead Gus		or Dry	Class ( Total		bbs NM				
	><		or Diy	····	Address (Give address to	which approved	d copy of this for	m is to be ser	*) /	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	is gas actually connected	When	17		/	$\dashv$
	<b></b>		<u> </u>	-1	1				´ \	١
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, giv	e comming	ling order number:					
		Oil Well		as Well	1-36				j	_
Designate Type of Completion	- (X)	1 On Well		ME MEII	New Well Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	٦
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		P.B.T.D.		<u> </u>	4
lilavations (INF DER D) 215							1.6.1.Ų.			ı
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation		Top Oil/Oas Pay		Tubing Depth			1
Perforations	L				<u> </u>			<u> </u>		
							Depth Casing	Shoe	_	
	7	UBING,	CASIN	IG AND	CEMENTING RECO	RD	<u> </u>	<del></del>	<del></del>	-
HOLE SIZE	CA	SING & TU	BING S	IZE	DEPTH SE		SA	CKS CEME	NT	-
										1
-		<del></del>				<del></del>				
										4
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<del></del>			l			J
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of to	tal volume o	f load oi	l and must	be equal to or exceed top at	llowable for this	depth or be for	full 24 hours.	.)	
THE PARTY OF THE P	Date of Tes	d			Producing Method (Flow, )	pump, gas lýt, e	ic.)		<u> </u>	7
ength of Test	Tubing Pres	Laure			Carlos Carlos (C. 1	W # F	Choke Size			
					DIE GE	AF	Hore 2176			l
Actual Prod. During Test	Oil - Bbis,		,		Water bia.		Gas- MCF	<del></del>		$\mathbf{I}$
CAR TURE					O E DUA	1990			•	l
GAS WELL Actual Prod. Test - MCI/B	i i de esta de la composición de la co				OIL CON	DIV.				J
The state of the s	Length of	est.			But. Cardina DIST.	-	Gravity of Con-	Sensote	<del></del>	1
exting Method (pitot, back pr.)	Tubing Pres	soure (Shut-i	i) .		Casing Pressure (Shut-la)					1
			•	'	1 sesente (2002-19)	-	Choke Size			1
1. OPERATOR CERTIFICA	TE OF	COMPL	JANC	CE	-			·		j
I hereby certify that the rules and regulat	long of the f	NI C	40		OIL GOI	<b>NSERVA</b>	TION DI	VISION	J	
Division have been complied with and the is true and complete to the best of my kn	at the information and the second sec	nation given i belief:	above							
<i>p</i> · 0 4					Date Approve	d	SEP 0	5 1990	)	
Jum 6. Va	pno	$\gamma$			1				<del></del>	•
Signature C. Johnson	roduct	ion Man	ager		By	amar Signea C	y CHARLES G	MULSUN		
Printed Nume			litte		nen nener		INCOCCTAD A	uet me		•
8-29-90 Date	505	293 404	4		Title DEPUT	OF P OV	INSPECTOR, D	isi. 💋		
=* <del>-</del>		Telep	hone No							_

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
- 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 considered walks

Submit 5 Copies
Appropriate District Office
DISTRICT J
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 Nottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1.		OR ALLOWA ANSPORT OIL									
- <del></del>	1452			Well API No. 30-039-232							
P.O.Box 953 Midland Reason(s) for Filing (Check proper box)	Tx 79702	(915)686	<del></del> -	es (l'Iease explo	in)						
New Well  Recompletion  Change in Operator	·	Transporter of:  Dry Gas  Condensate	*****	ew, Ci	•	, only					
If change of operator give name and address of previous operator $A \cdot C$ .	T.Operatin	g Co.P.O.	<del></del>		<del>(- </del> -						
II. DESCRIPTION OF WELL A Lease Name El Poso Ranch				-			of Lease Leas Federal or Gee None				
Location Unit LetterF	, 1858	Feet From The N	orth Lin	e and	) F	ect From The	West	Line			
Section 14 Township	28N	Range 1-E	, NI	MrM, Rio	Arrib	a		County			
III. DESIGNATION OF TRANS	FORTER OF O			e address to wh		copy of this for	m is to be so	ent)			
Name of Authorized Transport Casingh	or Dry Gas or Casinghead				Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or li- give location of	Unit F 14	1'wp. Rge. 28N 1E	ls gas actuall	y connected?	When	7					
If this production is commingled with that In IV. COMPLETION DATA	om any other lease or	pool, give comming!	ling order num								
Designate Type of Completion -	(X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back  S	Same Res'v	HIT Res'v			
Date Spudded	Date Compl. Ready to	Total Depth			P.B.T.D.						
Ulcvations (DF, RKB, RF, GR, etc.)	Top Oil/Car 1	Pay Pay		Tubing Depth							
Perforations			J			Depth Casing	Shoe				
HOLE SIZE	TUDING, CASING & TU	CEMENTING RECORD  DEPTH SET			SACKS CEMENT						
V. TEST DATA AND REQUEST		•	<u> </u>								
OIL WELL (Test must be after reco	overy of total volume of Date of Test	of load oil and must	be equal to or Producing Me	exceed top allo thod (Flow, pw	wable for thi np, gas lýt, e	de joh or be for	full 21 hours				
Length of Test	Tubing Pressure	Casing Pressure			JUN21 1993						
Actual Fred. During Test	Oil - Bbls.	Water - Bbis.			OIL CON. DIV						
GAS WELL Actual fied, Test : MCF/D	ength of Test		Bbls. Conden	sate/MMCE		Gravity of Cor	OIST. ? Idensale				
lesting Method (pitot, back pr.)	Publing Pressure (Shut-	Casing Pressure (Shut iii)			Choke Size						
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Wayne A. Bissett Co-owner Chuza Operati				OIL CONSERVATION DIVISIO  JUN 2 1 1993  Date Approved  By SUPERVISOR DISTRICT #3				)N			
Wayne A. Bissett Co- Frinted Name 6-21-93	(915)6	Za Operati Title 586-8985 June No.	ridle :			OR DISTR					

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