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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 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OH CONCEDIATION DIVICION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TOTRANSPORT OIL AND NATURAL GAS Obsert (Private explains) Obsert (DISTRICT II P.O. Drawer DD, Ariesia, NM 8821	υ	P.O. Bo	110N DIVIS ox 2088 exico 87504-2088				
Operator	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM -8 1.	REQUEST F						
P. O. BOX 800, DENVER, COLORADO 80201 Change in Transporter of Change in Operator			Well API No.					
County C	P.O. BOX 800, DENV		01					
TUBING, CASING AND CEMENTING RECORD Lease of Producing Formation Lease Name J. C. GORDON D Lease Well No. 2E Pool Name, Including Formation ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease Lease Lease Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease Lease Lease Lease Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease Lease Lease Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease Lease Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease Lease ANGELS PEAK GALLUP (ASSOCIAT) Basic, Federal or Fee Lease FWL Section Lease TWIL Address Give address to which approved copy of the form at to be sent) Address Give address to which approved copy of the form at to be sent) Address Give address to which approved copy of the form at to be sent) PLASO NATURAL GAS COMPANY If well produces to to bugueds, Well PASO NATURAL GAS COMPANY If well produces to to bugueds, Well PASO NATURAL GAS COMPANY If well produces to to bugueds, Well PASO NATURAL GAS COMPANY If well produces commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Dute Specified Date Completed with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Dute Specified Date Completed Ready to Prod. Total Depth PASO NATURAL PRODUCT TO DATA Designate Type of Completion - (X) Dute Specified Date Completed Ready to Prod. Total Depth PASO NATURAL PRODUCT TO DATA Designate Type of Completion - (X) Dute Specified Date Completed Ready to Prod. Total Depth PASO NATURAL PRODUCT TO Task Date Office Natural Producing Record Date Specified Date Completed Ready to Prod. Total Depth PASO NATURAL Prod During Test Oil Well Gas Well Actual Prod During Test Oil Bibls Gas WELL Actual Prod During Test Actual Prod Test NCID Casing Pressu	New Well Recompletion	Change in	Dry Gas	Other (Please	explain)			
Lease Name Decignor Dod Name, Including Formation Ease Lease Lease Decignor Dod Name, Including Formation Succession Part Post	If change of operator give name and address of previous operator							
Designate Type of Consplection - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Reav Date Spandoon Date Spa			Pool Name Includi	na Formation	King	l of Lease	Lease No.	
Unit Letter								
New York Name of Number Name of Number Name of Number Name of Number of Numb	M	:1120	_ Feet From The	FSL Line and	790	eet From The	FWL Line	
Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent) **PERTITIAN OIL INC.** Name of Authorized Transporter of Camphead Gas or Diy Gas X **EL PASO NATURAL GAS COMPANY** If well produces oil or liquids, Usual Sec. Twp. Rec. It gas actually connected? When 7 provided to this is the production is comminged with that from any other lease of pool, give commingling order number: **IV.** **COMPLETION DATA** Designate Type of Conjulction - (X) **Date Spackfood Date Compl. Ready to Prod.** **Date Spackfood Date Compl. Ready to Prod.** Total Depth Perforations **TUBING, CASING AND CEMENTING RECORD** CASING & TUBING SIZE OF TOTAL AND REQUEST FOR ALLOWABLE Of the first New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Gas. Well. Address (Give address to which approved copy of this depth or be far full 24 hours.) Address (Give address to which approved copy of this form in to be sent) Address (Give address to which approved copy of the best of the sent) Address (Give address to which approved copy of this form in to be sent) Address (Give address to which approved copy of this form in to be sent) Address (Give address to which approved copy of this form in the sent) P. O. BOX 1492 FI. PASO, TX 79978 When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### When 7 ### P. O. BOX 1492 FI. PASO, TX 79978 ### P. O. BOX 1492 FI. PASO, TX 79978 ### P. O. BOX 1492 FI. PASO, TX 79978 ### P. O. BOX 1492 FI. PASO, TX 79978 ### P. O. BOX 14	Section 22 To	ownship 27N	Range 10W	, NMPM,	SA	N JUAN	County	
Designate Type of Cont-Action - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Total Depth P.B.T.D. Tubing Depth Perforations Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE Size CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable for this depth, or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure GAS WELL Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shull-in) Date Size - MCF/D Tubing Pressure (Shull-in) Casing Pressure (Shull-in)	Name of Authorized Transporter of MERIDIAN OIL INC	Oil or Conde Casinghead Gas S_COMPANY Unit Sec	or Dry Gas [X] Twp. Rge.	Address (Give address 3535 EAST 30 Address (Give address P.O. BOX 149 Is gas actually connected	OTH STREET to which approve	FARMINGTO	ON , CO 8740. is to be sent)	
Designate Type of Completion - (X) Date Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tabing Depth Perforations Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF OIL Size Cioke Size Cioke Size	IV. COMPLETION DATA		II Cas Wall	New Well Workon	er Deepen	Phue Back San	ne Res'v Diff Res'v	
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Testing Niculati (pilot, talex pr.)		Length of Test			OIL OIL		chaite	
The condition of the co	Testing Method (pitot, back pr.)	Tubing Pressure (Sho	u-in)	Casing Pressure (Shut-	រោ)	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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 Boug W. Whaley, Staff Admin. Supervisor Printed Name OIL CONSERVATION DIVISION Date Approved JUL 5 1990 By Title SUPERVISOR DISTRICT A	Thereby certify that the rules an Division have been complied wis true and complete to the best signature. Signature 120 ug. W. Whaley,	d regulations of the Oil Conse th and that the information gi of my knowledge and belief.	ervisor	Date Appro	oved	JUL 51	990	

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C 104 must be filed for each pool in multiply completed wells.