NO. OF COPIES RECEIVED				Form C-104	
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION				
SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-106 and Jeff	
FILE		AND	TUDAL CAS	1.03	
U.S.G.S.	AUTHORIZATION TO TRA	NSPURT UIL AND NA	TURAL GAS		
LAND OFFICE					
TRANSPORTER OIL					
GAS: /					
CPERATOR 4			•		
PRORATION OFFICE				·	
· •				÷	
Address	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
	ington, New Mexico 8740)1			
Reason(s) for filing (Check proper box)	ington, non nextee	Other (Please e	zplain)	1	
New Well	Change in Transporter of:				
Recompletion	Oil Dry Ga				
Change in Ownership	Casinghesi Gas 🔲 — Conder	sate 🔲	14 N B 3		
		<u>,,</u>			
If change give name A and address of previous ownerA	ctec Oil & Cas Company,	P. O. Drawer 570), Farming	ion, New Mexico STAGA	
and address of previous owner					
I. DESCRIPTION OF WELL AND I	EASE				
Lease Name	Mell No. Pool Name, morazina t		(ind of Lease	Lessa No.	
Hubbell	#1 Fulcher Kutz I	ctured Cliffs	State, Federal or	Fee Federal SF-078718	
Location				_	
J 185	O Feet From The South Lin	e and1650	Feet From The	<u>East</u>	
	•				
Line of Section 29 Tow	nahip 28 North Range 10) West , NMPM,		San Juan County	
		2			
I. DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Address (Give address to	which approved	copy of this form is to be sent)	
•		-			
	The same of the sa	A. Hess (Give address to	which approved	copy of this form is to be sent)	
Name of Authorized Transporter of Countynead Bas 🗀 - of Dry Cab 🚶		i bidelity Union Tower, Dallas, 18125 /5404			
Southern Union Gatheri	ing Unit Sec. Tap. Piss.	to gas appeally connected	i? , When		
If well produces oil or liquids,	1				
give location of tanks.	1		bass		
If this production is commingled wit	h that from any other lease or pool,	give comminging order	main Jul		
v. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen P	lug Back Same Restv. Diff. Restv.	
Designate Type of Completio	n = (X)		1 1		
Date Spunged	Date Compl. Recay to Arcd.	Total Depth	P	.B.T.D.	
3-10-0,					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 01/Gas Pay	Ŧ	ubing Depth	
,					
Perforations				erth Casing Shoe	
	TUBING, CASING, AR	D CEMENTING RECORD	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEMENT	
		i			
	1	-			
	1	:			
		!	<u> </u>		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-

ONL WELL Date First New Oil Run To Tanks	; Date of Test	Producing Method (F	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	A STATE OF THE STA	Choke Size	
Actual Prod, During Test	Oth-Balls.	Water-Bols.		Gas-MCF	,

			÷	*
GAS WE		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing h	ethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.

above 13 true and complete to the beat of any amounted	1
(Signature)	
(Title)	
(Date)	

OIL CONSERVATION COMMISSION

APPROVED. By Original Sis

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.