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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 Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II I'.O. Drawer DD, Antesia, NM 88210

| ISTRICT III<br>XXX Rio Brazos Rd., Aziec, NM 87410                                                                                                                                                                                                 | REQUEST FOR                           | R ALLOWABLE<br>ISPORT OIL A | E AND AUTHO<br>ND NATURAL                              | GAS                               |                                        |                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|--------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------------------------------|--|
| Amora Propuction                                                                                                                                                                                                                                   | moco Propuction Co.                   |                             |                                                        | 30-045-23151                      |                                        |                                                |  |
| Reason(s) for Filing (Check proper box)  New Well                                                                                                                                                                                                  | · · · · · · · · · · · · · · · · · · · | Colora Do                   | 80126<br>WAME                                          | explain)<br>Ch A N                | ge -                                   |                                                |  |
| (Completion :=                                                                                                                                                                                                                                     |                                       | Ory Gas                     | Huahes                                                 | /A/                               | #4A                                    |                                                |  |
| f change of operator give name nd address of previous operator                                                                                                                                                                                     |                                       |                             | J                                                      |                                   |                                        |                                                |  |
| I. DESCRIPTION OF WELL A                                                                                                                                                                                                                           | ND LEASE<br>Well No.                  | Pool Name, Including        | Formation                                              | Kii                               | nd of Lease                            | Lease No.                                      |  |
| Hughes /c/                                                                                                                                                                                                                                         | 4A                                    |                             | Mesaverse                                              | Sta                               | te, Federal <del>or Fee</del>          | SF078049                                       |  |
| Unit Letter                                                                                                                                                                                                                                        | :_1700                                | Feet From The               | SL Line and                                            | 970                               | Feet From The                          | FEL Line                                       |  |
| Section 34 Township                                                                                                                                                                                                                                | 29N                                   | Range 8w                    | , MYIMN ,                                              | )AN                               | Juan                                   | County                                         |  |
| Name of Authorized Transporter of Oil  Merihlan Oil In  Name of Authorized Transporter of Casingle  El Paso Natural G                                                                                                                              | or Condens                            | sale [                      | Address (Give address                                  | 10 which appro                    | FARMINGT                               | 104 CB MN, UN                                  |  |
| If well produces oil or liquids, give location of tanks.                                                                                                                                                                                           | Unit Sec.                             | Twp. Rgc.                   | is gas actually connect                                | ed?'   W                          | /hen 7                                 |                                                |  |
| If this production is commingled with that for IV. COMPLETION DATA                                                                                                                                                                                 | rom any other lease or                | pool, give commingling      |                                                        |                                   | ······································ |                                                |  |
| Designate Type of Completion -                                                                                                                                                                                                                     | Oil Well                              | Gas Well                    | New Well   Worko                                       | ver Deep                          | en Plug Back                           | Same Res'v Diff Res'v                          |  |
| Date Spudded                                                                                                                                                                                                                                       | Date Compl. Ready to Prod.            |                             | l'otal Depth                                           |                                   | P.B.T.D.                               |                                                |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                                                                                                                                 | Name of Producing Fe                  | omation                     | Top Oll/Cas I'ay                                       |                                   | Tubing Dept                            | Tubing Depth                                   |  |
| Perforations                                                                                                                                                                                                                                       |                                       |                             |                                                        |                                   | Depth Casin                            | g Slice                                        |  |
| HOLE SIZE                                                                                                                                                                                                                                          | TUBING,                               |                             | CEMENTING RECORD  DEPTH SET                            |                                   |                                        | SACKS CEMENT                                   |  |
|                                                                                                                                                                                                                                                    |                                       |                             |                                                        |                                   |                                        |                                                |  |
|                                                                                                                                                                                                                                                    |                                       |                             |                                                        |                                   |                                        |                                                |  |
| Y. TEST DATA AND REQUES                                                                                                                                                                                                                            | <br>ST FOR ALLOW                      | ABLE .                      | <u> </u>                                               |                                   |                                        |                                                |  |
| OIL WELL (Test must be after r Date First New Oil Run To Tank                                                                                                                                                                                      | Date of Test                          | of load oil and must        | be equal to or exceed Producing Method (F              | top allowable f<br>low, pump, gas | or this depth or be                    | for full 24 hows.)                             |  |
| Length of Test                                                                                                                                                                                                                                     | Tubing Pressure                       |                             | Casing Pressure                                        |                                   | C V Size                               |                                                |  |
| Actual Prod. During Test                                                                                                                                                                                                                           | Oil - Bbls.                           |                             | Water - Bbls.                                          |                                   | Gas- MCP                               | JUL 1 7 1991,                                  |  |
| CACAUGI                                                                                                                                                                                                                                            | <u> </u>                              |                             | <u> </u>                                               |                                   |                                        | CON DIVIL                                      |  |
| Actual Frod. Test - MCIVD                                                                                                                                                                                                                          | Length of Test                        |                             | libis. Condensate/MMCF                                 |                                   | Gravity of                             | Condensate                                     |  |
| l'esting Method (pitot, back pr.)                                                                                                                                                                                                                  | Tubing Pressure (Shut-in)             |                             | Casing Pressure (Shut-in)                              |                                   | Choke Size                             |                                                |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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. |                                       |                             | OIL CONSERVATION DIVISION  Date Approved  JUL 1 2 1991 |                                   |                                        |                                                |  |
| is the and complete to the best of my                                                                                                                                                                                                              |                                       |                             | Date App                                               | oroved _                          | <del></del>                            | A . 1                                          |  |
| Signature Staff Admin Super                                                                                                                                                                                                                        |                                       |                             | Ву                                                     |                                   | SUPERVISO                              | PR DISTRICT #3                                 |  |
| Printed Name  7-12-91  (303) 830-4280                                                                                                                                                                                                              |                                       |                             | Title                                                  |                                   | AAL ELIAIOO                            | PRINCE F3                                      |  |
| Date                                                                                                                                                                                                                                               | T                                     | clephone No.                | - 122, 310 -3 140 - V4110 AM                           | DESCRIPTION OF THE PARTY          | Contractor and the con-                | enga sa ana ang ang ang ang ang ang ang ang an |  |

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. I II III and til the about of appender well name or number transporter or other such channes