Submit 5 Codes
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources D

Form C-104

## OIL CONS

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

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	See Instructions
SERVATION DIVISION	at Bottom of Pa
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New Mexico "3" Com   1   Basin Dakora   State Federal or Fee   9226/E3149	L DESCRIPTION OF WELL	AND LEA													
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authoroused Transporter of Oil Service Condensates    Address (Give address to which approved copy of this form is to be sent)	Section 16 Townshi	<b>-</b> 29	N	D		1 11.1		<b></b>	С.	_					
Address (Give address to which approved copy of that form as to be seal)  Printed (and "Oil Time."  Name of Authorized Transporter of Canaghand Gas  Printed (and "Oil Time."  Name of Authorized Transporter of Canaghand Gas  Printed (Give address to which approved copy of that form is to be seal)  Printed (Authorized Transporter of Canaghand Gas  Or Dry Gas  Address (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved copy of that form is to be seal)  Printed (Give address to which approved commented (Give address to which				-				MPM,	San	<u>Ju</u>	an			Cour	nty
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THE PASO NATURAL GAS CO.  P.O. BOX 4990, Farmington, NM 87499  If well produces of related.  Produces of trained, produces of the production of the production of the production of the produces of the production	Name of Authorized Transporter of Casing	head Gas		or Dry	Ges X	Addre	s (Giw	address	to wh	ich es	Ting t	COUNTY of this t	87499	ent)	
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GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bibls. Condensus/MMCF  Grayin, of Condensus  Grayin, of Condensus  Condensus  Grayin, of Condensus  Grayin	Actual Prod. During Test	Oil - Bbls.				Water -	Bbls					GM- MCF	FD 9 (1)	001	
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Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Cl. 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 gives above is true and complete to the beat of my knowledge and belief.  Signature Leslie Kahwajy  Production Analyst  Title  9/20/91  505-326-9700  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  SEP 2 3 1991  Date Approved  By  Title  Title  Title	Acqual Prod. Test - MCF/D	Length of To	eat	<del> </del>		Bbls C	ondens	nte/MM	TF			Cavity of C	COM	17:16	1.
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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  Leslie Kahwajy  Production Analyst  Printed Name  Title  9/20/91  505-326-9700  DIL CONSERVATION DIVISION  SEP 2 3 1991  Date Approved  SUPERVISOR DISTRICT # 3  Title  Title	esting Method (puot, back pr.)	Tubing Pres	aure (Shut	-10)		Casing	Present	re (Shut-	(۵			Choke Size			
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## 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 completed wells.