Submit 5 Copies
Appropriate District Office
DISTRICT I
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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

RECLIEST FOR ALLOWARI F AND ALITHORIZATION

_			BLE AND AUTHOR					
Coperator	TOTI	HANSPORT OF	L AND NATURAL C		DI No			
MESA OPERATING LIM		Well A	Well API No. 30-045 - 23904					
Address P.O. BOX 2009, AMA	RILLO, TEXAS	79189						
Reason(s) for Filing (Check proper box	;)		Other (Please exp	olain)				
New Well	Change	e in Transporter of:						
Recompletion \square	Oil	☐ Dry Gas ☐	Effective Da	te: 7/0	1/90			
Change in Operator	Casinghead Gas	Condensate XX						
f change of operator give name and address of previous operator								
I. DESCRIPTION OF WEL								
Lease Name FEDERAL	Well N 9E		n Dakota		Kind of Lease State, Federal or Fee		Lease No. 02119	
Location			. Dano ca			1 023		
Unit Letter P	:790	Feet From The	South Line and7	90 Fe	et From The	East	Line	
Section 9 Town	ship 29N	Range	12W , NMPM ,	San Juar	1		County	
III. DESIGNATION OF TRA	ANSPORTER OF	OIL AND NATI	TRAL GAS					
Name of Authorized Transporter of Oi		idensate X	Address (Give address to	which approved	copy of this form	is to be se	nt)	
GIANT REFINING CO.			P.O. BOX 12999, SCOTTSDALE, AZ 85267					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS CO.			Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TEXAS 79998					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	Is gas actually connected? When Yes		?			
If this production is commingled with the	hat from any other lease	or pool, give comming	gling order number:				·············	
V. COMPLETION DATA	-							
Designate Type of Completic	on - (X)	Vell Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	ly to Prod.	Total Depth		P.B.T.D.		<u>.</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth					
Perforations					Depth Casing S	hoe		
	TUBIN	IG. CASING ANT	CEMENTING RECO	ORD.	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
				-			**	
					<u> </u>			
V. TEST DATA AND REQU OIL WELL (Test must be aft			st be equal to or exceed top a	illowable for this	s depth or be for	· full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,					
Length of Test	Tubing Pressure		Casing Press	PELM	Choke Size			
			TAX -	<u> </u>				
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	17 8 5000	D:			
GAS WELL			A 4 -	0 DOU				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens 2.4. MC	ON, D	Gavey of Soc	densale		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	→1. 3	Choke Size	<u> </u>	<u> </u>	
VL OPERATOR CERTIF	CATE OF CO	MPI IANCE		· 				
I hereby certify that the rules and re			OIL CO	NSERV	ATION D	IVISIC	N	
Division have been complied with a is true and complete to the best of a	and that the information	given above	Data Assess		• JUL 1	6 1990		
_ Aralin >	Mer.	00	Date Approv		٠٠٠) ﴿	1		
Signature Carolyn L. McKee,	Regulatory	Analyst	Ву		PERVISOR	DISTE	CT 42	
Printed Name 7/1/90	(806) 378-	Title	Title				U: F3	
Date		Telephone 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 with Rule 111.
- 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.