Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural F

Department

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

OIL CONSERVATION DIVISION

State of New N

DISTRICT II P.O. Drawer DD, Artesia, NM 88210				ox 2088 exico 8750	M 2088	· ,				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	•				ZATION			. •	
<u>i.</u>	TOT	RANSPOR	RT OIL	AND NA	TURAL G		iPl No.			
11,2.00							524973			
Address 1670 Broadway, P. O. I		nver, Co	lorad	o 80201						
Reason(s) for Liling (Check proper box)				Oth	r (Please expl	ain)				
New Well	- 1	in Transporter Dry Gas	rof:							
Recompletion Change in Operator	Oil Casinghead Gas		e 🗍							
If change of operator give name	neco Oil E 8	P 616	2 S 1	Willow	Fnelewoo	d Color	-ado 80	155		
		. 1, 010.		WIIION,	LII.KIC#00	u, coror	<u>auo_ 0</u>			
H. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Including Formation					Lease No.			ase No.	
LAWSON	IR BLANCO (MESAVER			-		FEDER				
Location L Unit Letter	2400	Feet From	The FS	Line	and 1150	Fo	et From The	FWL	Line	
Section 10 Township	_p 30N	Range ^{8W}			ирм,	SAN JU			County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil		densate (X			e address to wi	hich approved	copy of this j	form is to be ser	u)	
						address to which approved copy of this form is to be sent) K 1899, BLOOMFIELD, NM 87413				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actually	connected?	When	7			
If this production is commingled with that I	from any other lease	or pool, give o	commingl	ing order numb	ег:					
	Oil W	eil Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		!		 	L <u>.</u>	L!	12222	J	L	
Date Spudded	Date Compl. Ready	y to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	·	l			Depth Casing Shoe					
	TUBIN	G, CASING	AND	СЕМЕНТІ	NG RECOR	D	!			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL, WELL (Test must be after ro			and must	he equal to or	exceed top all	aunhle for this	death or he	for full 24 hour	· c)	
				Producing Method (Flow, pump, gas lyft, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Waler - Bbls.			Gas- MCF			
CACAUELI	.1						1			
GAS WELL [Actual Prod. Test - MCF/D]	Length of Test			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
Tubing Method (puter, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			(A)			
							Choke Size			
VI. OPERATOR CERTIFIC Thereby certify that the rules and regula			E	C	OIL CON	NSERVA	NOITA	DIVISIO)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				MAY 0.8 1989						
is true and complete to the best of my knowledge and better.				Date Approved						
4. J. Stampton				But But Charle						
Signature I I Hampton Sr Staff Admin Supry				SUPERVISION DISTRICT # 3						
J. L. Hampton Sr. Staff Admin. Suprv. Tide Janaury 16, 1989 303-830-5025				Title						
Date		clephone No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.