Subsait 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised L-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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTR	ANS	SPORT C	IL AND N	INTURAL	GAS	•	• .		
Operator INCLINE RESERVES, IN Address							W	Well API No.			
						1			30-045-28478		
Reason(s) for Filing (Check proper box, New Well	•					Other (l'Iease ex	plain)				
Recompletion []	Oil	Change i	~	sporter of: Gas]						
Change in Operator		ead Gas		idensale	, 						
If change of operator give name				A	· · · · · · · · · · · · · · · · · · ·	·					
and address of previous operator				· · · · · · · · · · · · · · · · · · ·			······································				
II. DESCRIPTION OF WELL	AND LI		-1-			·					
CROCKett	25	well No.			ding Formatio			id of Lease le, Federal or Fo r		Lease No.	
Location		1		a5, w	FRUIT	/AND	LOA /		137	08/06/	
Unit Letter	: 10	00'	_ Feet	From The	South 1	ine and//	40'	Feet From The _	Wes	+ 1 ina	
Section 25 Towns	D G										
1 Section & O Towns	<u> </u>	N	Ran	re /c	ω .	NMPM,	JAN.	Jus	12	County	
III. DESIGNATION OF TRAI	YSPORTI	ER OF O	IL A	ND NATI	JRAL GAS	S					
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
GIANT RECINING CO						1.0. Box 256 FARMING tow NM					
Name of Authorized Transporter of Casinghead Gus or Dry Gas or Dry Gas						Address (Give address to which approved copy				<u>M 8740/</u> seni)	
If well produces oil or liquids,	Unit Sec. Twp. Rge				. Is gas actus	lly connected?	Whe	n ?			
give location of tanks.	IM	125	129		V	45	i	6-49	<i>T</i>		
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool,	give comming	ling order hu	mber:					
TO COM DISTINITY DATA		Oil Well	₁ -	Gas Well	New Wel	Workover	1 5				
Designate Type of Completion	- (X)	1	i	Our Well	I HEW MEI	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Date Spridded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay						
								Tubing Depth	Tubing Depth		
								Depth Casing Shoe			
LIOLE BIJE	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S/	SACKS CEMENT		
	·			· · · · · · · · · · · · · · · · · · ·	·						
					·						
											
V. TEST DATA AND REQUES OUT WELL Great must be often											
DIL WELL (Test must be after t Dute First New Oil Run To Tank	Date of Te		of load	oil and must		r exceed top all lethod (Flow, pi			· # 21 /21	Fit from	
		•••			1 Toodering 1	icaioa (1710w, pi	ump, gas iyi,	ID) E W		5	
length of Test	Tubing Pressure				Casing Pressure			doke Size	bke Size		
Actual Prod. During Test	Oil - Bbls.							SEP 2 0 1991.			
	Cit - Bois.				Water - Bbis.			OIL CON. DIV.			
GAS WELL	· L 				J				IST. 3		
Actual Prod. Test - MCF/D	Length of Test Tubing Pressure (Shut-in)				Bbis. Condensate/MMCI [*] Casing Pressure (Shut-in)			Gravity of Condensate			
								John, Great	TOCHIBATE .		
esting Method (pitot, back pr.)								Clicke Size			
A OBEDATOR CERTIFIC	A TEL OF	COLUN		1000	l		· · · · · · · · · · · · · · · · · · ·				
I. OPERATOR CERTIFIC	VIE OF	COMPL	ועור	NCE	(ICEDV	ATIONED	NACIC	\	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and helief.					Date Approved SEP 2 0 1991						
6/1/	,				Daie	_	u	A			
Signature A Javes					By						
Printed Name 9-20-91 Date Telephone No.					-, -	S	UPERVIC	00 000			
					SUPERVISOR DISTRICT #3						
Date		ائد - <u>رب</u> Telepi	lione 1	7 4/7 No.			 -				
					L						

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 pxol in multiply completed wells.

