Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

- State of New Mexico Energy, Minerals and Natural Resources Department

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

ÔIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT-III 1000 Rio Bratos Rd., Aziec, NM 87410

EQUEST FOR ALLOWARI F AND AUTHORIZATION

		A	NODODT OIL	AND NATURAL GAS	3			
		U IHAI	NOPUMI UIL	MID HATOTIAL OAK	1 Meli Vi		126	
Manana Gas, Inc.			:		30	-045-234	120	
ess.								
1002 Tranway Lane,	NE	Alb	uguerque. N	M 87122 Other (Please explain)	<u> </u>		
on(s) for Filing (Check proper box)	(Change in '	Transporter of:		•			
Well Umpletion	Oil		Dry Gas					
лирисион 😐	Casinghead	Gas 🔲	Condensate X	<u> </u>				
inge of operator give name								
ddress of previous operator				· · · · · · · · · · · · · · · · · · ·				
DESCRIPTION OF WELL A	IND LEA	Well No.	Pool Name, Includir	ng Formation	Kind of			ase No.
e Name Mary Ackroyd	1		Aztec-Farmi		State, F	ederal or Fee	Fe	<u> </u>
ation				South 133	0		East	••
Unit LetterJ	1.8	310	Feet From The	South Line and133	Fee	t From The		Line
	2017		Rance 11W	, NMPM,	\$	San Juan	l	County
Section 18 Township	30N		Range IIW	, I MINIT IN				
DESIGNATION OF TRANS	SPORTE	R OF O	L AND NATU	RAL GAS		Callin Co.	is to be se	
ne of Authorized Transporter of Oil		or Conden	sale X	Vomces force may an in				
Giant Refining				P.O. Box 256 Address (Give address to whi	armingt	conv of this fo	rm is to be se	nt)
me of Authorized Transporter of Casing			or Dry Gas 🔀	P.O. Box 1492 I				·
<u>El Paso Natural Gas Co</u>			Twp. Rge.	Is gas actually connected?	When			
well produces oil or liquids, a location of tanks.	Unit	Sec. 18	30N 11W	YES	i			
nis production is commingled with that f				ling order number:				
. COMPLETION DATA						<u> </u>	Como Basiu	Diff Res'v
	48.55	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Kes A	l Kee
Designate Type of Completion	- (X)	1 2 2 2 2 2		Total Depth		P.B.T.D.		<u> </u>
le Spudded	Date Com	pl. Ready to	o riou.	•				
vations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	formation	Top Oil/Gas Pay		Tubing Dept	h	
EVELODIS (DIT, KKB, KI, OK, etc.)					Depth Casing Shoe			
forations								
			CACING AND	CEMENTING RECOR	D	<u></u>		
		TORING	UBING SIZE	DEPTH SET			SACKS CEN	ENT
HOLE SIZE	- CA	ISING a I	OBING SILL	<u> </u>				
	1							
						 		
						<u> </u>		
. TEST DATA AND REQUE	STFOR	ALLOW	VABLE	the sevel to or exceed top all	owable for th	is depth or be	for full 24 hc	urs.)
IL WELL (Test must be after	recovery of	total volum	ABLE se of load oil and mu	st be equal to or exceed top all Producing Method (Flow, p	owable for th	is depth or be	for full 24 hc	ours.)
IL WELL (Test must be after	ST FOR recovery of Date of T	total volum	VABLE ue of load oil and mu	Producing Meanos (1 10%) P	owable for th ump, gas lift,			ours.)
IL WELL (Test must be after that New Oil Run To Tank	recovery of	total volum 'est	ABLE se of load oil and mu	st be equal to or exceed top all Producing Method (Flow, p	owable for th ump, gas lýt,	Choke Size		ours.)
IL WELL (Test must be after to the Pirat New Oil Run To Tank ength of Test	Date of T	lotal volum 'est 'ressure	VABLE se of load oil and mu	Casing Pressure	owable for th ump, gas lift,			ours.)
IL WELL (Test must be after and Pirst New Oil Run To Tank ength of Test	Date of T	lotal volum 'est 'ressure	ABLE e of load oil and mu	Producing Meanos (1 10%) P	owable for th ump, gas lift,	Choke Size		ows.)
IL WELL (Test must be after the Pirst New Oil Run To Tank ength of Test actual Prod. During Test	Date of T	lotal volum 'est 'ressure	VABLE se of load oil and mu	Casing Pressure	owable for th ump, gas lift,	Choke Size	RE CE	
IL WELL (Test must be after the Pirat New Oil Run To Tank ength of Test uctual Prod. During Test GAS WELL	Pate of Tubing Po	loial volum 'est ressure	VABLE we of load oil and mu	Casing Pressure	owable for th ump, gas lift,	Choke Size	RE CE	
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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.