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DISTRICT |
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

## **OIL CONSERVATION DIVISION**

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

DISTRICT III 1000 Rio Ber

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Author of Authorized Transporter of Casinghead Gas  EL PASO NATURAL GAS COMPANY  Well products on of influids,  Unit   Sec.   Twp.   Right   East actualty connected?   When ?    V. COMPLETION DATA  Designate Type of Consplication - (X)   Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resv   Diff    Date Compl. Ready to Producing Formation   Top Oil/Gas Pay   Tubing Depth    Designate Type of Consplication - (X)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Designate Type of Consplication - (X)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Designate Type of Consplication   Tubing Depth   P.B.T.D.    Top Oil/Gas Pay   Tubing Depth    Depth Casing Stoce   Tubing Casing Stoce    TUBING, CASING AND CEMENTING RECORD    HOLE Size   CASING & TUBING SIZE   DEPTH SET   SACKS CEMENT    Total ment for a plan trace of the doctor of the depth or be for full 24 hours.)    Producing Method (Flow, pump, gas lift, sic.)   Tubing Pressure    Casing Pressure   Chicke Size    Casing Pressure   Chicke Size    Oil - Bible.   Supplies to the best of my knowledge and belief.    Fignature   Well workover   Deepen   Plug Back   Same Resv   Diff    P.B.T.D.    Total Depth   P.B.T.D.    Total Depth   P.B.T.D.    Total Depth   P.B.T.D.    Total Depth   P.B.T.D.    Tubing Depth   P.B.T.D.    Tubing Depth   P.B.T.D.    Total Depth   P.B.T.D.													
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VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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  Doug W. Whaley, Staff Admin. Supervisor  SUPERVISOR DISTRICT	n-c:- 0					U		A DIA.	OFFICE				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By  Supervisor Supervisor  Supervisor Supervisor  Supervisor Supervisor  Dotte Approved  By  Supervisor Supervisor  Supervisor	esting Method (pitot, back pr.)	ruong riessure (snm-m)				Casing Press	and the same	J	Choke Size				
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Date Approved  Signature  Boug W. Whaley, Staff Admin. Supervisor  SUPERVISOR DISTRICT	I hereby certify that the rules and regula	ations of the	e Oil Conse	rvation		'	OIL CO	NSEHV.	AHON	DIVISIO	אכ		
By Supervisor Supervisor Supervisor Supervisor						Data Approved JUL 5 1990							
Doug W. Whaley, Staff Admin. Supervisor SUPERVISOR DISTRICT	11/100					Date	e Abbrove	:u		A	·		
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754	Signature Doug W. Whaley, Staff Admin. Supervisor					II •							
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June 25., 1990303-830-4280 Date													
June 25, 1990 303-830-4280	Printed Name	T Admi	303-	Title -830-	4280_	Title	)		PEHVISC	OR DISTR	ICT #3		

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