Submit 5 Cordes
Appropriate District Office
DISTRICT J
F.O. Don 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

DISTRICT II P.O. Drawer DD, Artesla, NM \$8210

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

I.	REQ	UEST I	FOF	RALLO	WA TO	AND N	AUTHOF	RIZATIO	N		•	
Upenior TO TRANSPORT C						IC MIND 187	TIONAL	W	II API No.			
Address						· · · · · · · · · · · · · · · · · · ·	30-045-27908					
Reason(s) for Filing (Chick proper box)	ressway	, Okla	hom	a Cit	у,				•			
New Well	•	Change	la Tr	usporter c	of <u>:</u>	۰. ا	hes (Please an	plain)				
Recompletion Change in Operator XX	Oil Caninghe			y Cas sidenate	EXK	Eff	ective D	ate: 0	7-01-91			
If change of operator give same Mes			.im	ited F	ari	tnership	. POR	ov 2000), Amarillo,		70400	
II. DESCRIPTION OF WELL	AND LE	ASE	····				,	OX 2003	, Allaritio,	lexas	79189 •	
Lease Name		Well No.				ling Pormation		Kin	nd of Lease	Lease	Na	
Location	7	3		20300	7	ruitla	nd Coa		le, Pederal or Pee		ام ا	
Unit Letter	: 21	100	_ Fe	el Prom Ti	ح	outh 11	ne and 161	10		not.		
Section 30 Townsh	in 32/	1	Rai		///)			Feet From The	63/	Line	
		<u></u>						unJ	uan		County	
III. DESIGNATION OF TRAN	<u>ISPORTE</u>	R OF O		AND N	ATU	RAL GAS						
Name of Authorized Tennesses of Call	; L.J			ليا					ed copy of this form i			
Name of Authorized Transporter of Casinghead Clas or Dry Clas XX						Address (Give address to which approved copy of this form is to be sent) 3817 N.W. Expressway, Oklahoma City, OK 73112						
If well produces oil or liquids, tive location of tanks.	Unit	Sec.	Tw	P.	Rga	la gas actual	y connected?	What was		LV, OK	/3112	
I this production is commingled with that. V. COMPLETION DATA	from any oth	er lease or	pool,	give com	minei	ias order mm	her					
TO THE DESIGNATION OF THE PROPERTY OF THE PROP							· ·					
Designate Type of Completion		Oil Well	i	Cas We	ili	New Well	Workover	Doepen	Plug Back Same	Res'v Di	T Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth	L	1	P.B.T.D.				
Elevations (DF, RKB, RF, GR, stc.) Name of Producing Formation						Top Oil/Qas Pay Tubing Depth						
erforations											•	
									Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND					CEMENTING RECORD						
	CASING & TUBING SIZE					DEPTH SET			- D 2	D & COMENTY E		
						•						
. TEST DATA AND REQUES	N PAR L								MA'	YO 3 19	31	
IL WELL (Test must be after re	t FUK Al	LLUWA 21 volume c	SI loa	E d oil and i	rust l	he equal to an	·		OIL (CON	DIA	
IL VELL (Test must be after recovery of total volume of load oil and must use First New Oil Rus To Tank Date of Test						Producing Method (Flow, purp, gas lift, etc.)						
ength of Test	Tubing Press	urs	•			Casing Parmi		· · · · · · · · · · · · · · · · · · ·	10-les			
ciual Frod. During Test	•								Cuoke 2158	Choke Size		
	Oil - Bbis.					Water - Bbis.			Uat- MCF			
CAS WELL chial Frod. Test - MCF/D			·,			•	<u> </u>					
						Bbls. Condens	WMMCP		Gravity of Condensals			
Method (pitot, back pr.) . Tubing Pressure (Shut-In)					-	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF	701400	7.4.1	N.C.	_ ,	•					.	
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.						11AV 0 0 4004						
W/a B.B.	• :			•		Dale /	Approved		וצבו ניט ורוויי			
Signature 11. W. Baker Administrative Suns						By						
Printed Name Title						SUPERVISOR DISTRICT						
Dete (405) 948-3120 Telephone No.						Title_			TOTAL DISTRI	UI 73		
					- 11							

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 pool in multiply completed wells.