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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico mergy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TF	RANS	PORT (	OIL AND N	IATURAL	MAS	VIN				
									ell API No.			
Address 7557 Rambler Road, Suite 1150, Dallas, Texas 75231  Reason(s) for Filing (Charles)								30-025-29208				
/55/ Rambler Road,	Suite 11	150, Da	ıllas	, Texa	ıs 75231							
Reason(s) for Filing (Check proper I	box)					ther (Please ex	·m1-i-1					
Recompletion				porter of:		Autor (1 15025 ST	piain)					
Change in Operator	Oil	X	Dry (	Gas 🗀	] Effect	ive Nove	mber 1	1993				
If change of operator give page	Casinghe	ad Gas	Cond	lensate	]			1993				
and address of previous operator												
II. DESCRIPTION OF WE	II AND IE	ACE										
Lease Name	DE AND LE	Well No.	Post									
State Land 76					ding Formation Ranch C	n	Kin	del Lease No.				
Location		1	1 2111				Sta	te, Federal or Fe	ec			
Unit LetterJ	165	0	Foot D	From The _	East	/ 2 /	an.					
S 0			_ rea r	nom the _	Li	ne and $\frac{425}{}$		Feet From The	South	Line		
Section 2 Tow	raship 16S		Range	32E	. N	мрм, I	Lea					
III. DESIGNATION OF TR	ANCRORES									County		
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPURTE	or Conden	IL AN	ID NATU	JRAL GAS							
Amoco Pipeline ITD	(Trucks)	Of CORDER	Sale		Address (Gi	ve address to w	hich approve	d copy of this f	orm is to be	sent)		
Name of Authorized Transporter of C					Address (Give address to which approved copy of this form is to be sent) P.O.Box 21428, Tulsa, OK 74121							
Conoco, Inc.					Address (Give address to which approved copy of this form is to be							
If well produces oil or liquids, tive location of tanks.	Oil or liquids				TI.O.DIE	wer 126/	, Ponce	City, OK 74601				
	J	2	1160	Rge.   32E	. Pue acritati	y connected?	Whe	n ?				
f this production is commingled with the V. COMPLETION DATA	hat from any other	er lease or p	oool, giv	e comming	ling order num	ham		5-30-85				
v. COMPLETION DATA		·			and order tittle							
Designate Type of Completion	on - (X)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Dive De de		_,		
Date Spudded		<u> </u>					l Dapea	Plug Back	Same Res'v	Diff Res'v		
	Date Compl	. Keady to	Prod.		Total Depth		L	P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	mation		Ton Olivo							
and the state of t					Top Oil/Gas Pay			Tubing Depth				
erforations					L							
								Depth Casing	Shoe			
HOLE SIZE CASING, CASING AI					CEMENTIN	G RECORT		<del></del>				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		8/	CKS CEM			
,									ONS CEMI	ENI		
·	<del></del>									<del></del>		
				<del></del>								
TEST DATA AND REQUE	ST FOR AL	LOWAL	BLE									
LWELL (Test must be after	recovery of total	volume of	load oil	and must b	e eavai ta ar e	read ton all						
e First New Oil Run To Tank  Date of Test					sst be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)							
ngth of Test						( , p	P1 8-0 191, E1	<b>c.</b> ,				
-8	Tubing Pressu	ire		(	Casing Pressure			Choke Size				
tual Prod. During Test	Oil - Bbls.	Oil Phi										
· Duis.				ľ	Water - Bbls.			Gas- MCF				
AS WELL				<del></del>								
tual Prod. Test - MCF/D	Length of Test											
		•	•	ļ.	bls. Condensat	e/MMCF		Gravity of Cond	densate			
ing Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
OPERATOR CERTIFIC	ATE OF C	OMPI I	ANIC									
HELEDY CETTLY IN ALL THE TILES and regul.	ations of the Atl			-	OI	LCONS	EB//v		VICIO	.1		
vivision have been complied with and that the information given above true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION							
and somplete to the best of my k	nowledge and be	elief.		II	Data A	pproved	ſ	OCT 20	1993			
Melaner					Dale A	hhioved			~~~			
gnatus					<b>D</b> .,	ORIGIN	IAL SIGNI	ED BY JERRY	Y SEXTON	ı		
M. Warren, Regulatory Supervisor					Ву	<del></del>	DISTRICT	SUPERVIS	0R			
rinted Name 10-11-93		Title	e		Title							
ale	(214) 6				1106					<u> </u>		
		Telephon	e No.	- 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.