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

State of New Mexico Energy, Minerals and Natural Resources De ment

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**		10 16	VIAOL	OK! O	L AND IN	TI URAL G	IAS					
Openior Texas West Oil & Gas	c/o Northampton/DASA Joint Venture 3002								17 .			
Address 2651 N, Harwood St.,			las,		5201	care	1 30	0250 817 (5051			
Reason(s) for Filing (Check proper box)			ras,	<u> </u>		het (Please exp	lain)					
New Well		Change i	n Transp	orter of:		•	•					
Recompletion	Oil Dry Gas XX											
Change in Operator	Casinghea	d Gas	Conde	0524 🗌								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA		T=									
Lease Name Federal "9"	Well No. Pool Name, Incl Antelope							t of Lease Lease No. 0554252				
Location												
Unit LetterB	_ :660		_ Feat Fr	on The N	orth La	e and <u>198</u>	<u> </u>	est From The	<u>East</u>	مناا		
Section 9 Townsh	i p 245		Range	34E	, N	мрм,	Lea			County		
III. DESIGNATION OF TRAN	SPORTE			D NATU								
Name of Authorized Transporter of Oil Scarlock Permia		or Conde	O SNIG	\boxtimes	Address (Giv	e address to wi	hich approve	d copy of this f	orm is to be s	ene)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Sid Richardson Carbon & Gasoline Co.								d copy of this form w to be sent)				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		in St.		Worth, Tx 76102				
give location of tanks.	<u>i i</u>		<u>i </u>	<u> </u>	Is gas actually connected? Yes		i was	Whea ? 11-1-91				
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, giv	e commingi	ing order numi	ber:						
Designate Type of Completion	- (Y)	Oil Well	Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv		
Date Spudded	Date Compi. Ready to		Prod.		Total Depth		<u> </u>	P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pav						
Perforations							_	Tubing Depth				
renorations	_							Depth Casin	g Shoe	-		
	T	UBING,	CASIN	IG AND	CEMENTIN	NG RECOR	D	<u>'</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	 							<u> </u>				
		,										
TECT DATE AND DECLER												
IL WELL Test must be after to												
OIL WELL (Test must be after re Date First New Oil Run To Tank			of load o	il and must					or full 24 how	3.)		
	t New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, atc.)						
ength of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate				
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
A OPERATOR CERTIFIC	A 7775 O.F.	201 0							 ,.			
L OPERATOR CERTIFICATION OF THE PROPERTY IN TH	AIE OF	COMP	LIAN	CE		IL CON	SERVA	TION F	MISIO	.KI		
Division have been complied with and the	hat the inform	ation give	a above					TION L		1.4		
is true and complete to the best of my in	nowledge and	belief.			D	A						
Rala at wok					Date	Approved	·	·····				
Signature					By Andrews Street, Str							
Barbara Eubank Administrator Printed Name Title												
12-13-91	(21	4) 96		24	Title_			 				
Dute		Telep	hone No.		Ì							

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 accordar 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.