Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRAI	NSPC	ORT OIL	LAND NA	TURAL G	AS				
Operator  PDUCE A LITEDANIC COMPANY						Well			API No.		
BRUCE A. WILBANK				30-025-21467							
P. O. BOX 763	M	IDLAND	TY		79702						
Reason(s) for Filing (Check proper box)	· · · · · · · ·	11DE/IIID	, 1/			her (Please expl	ain)				
New Well		Change in 1			_	•					
Recompletion Change in Operator	Oil Control		Dry Gas		r.	نا Effect	tive 5-1	1-92 94	in ef	11-1-91	
If change of operator give name	Casinghead	i Gas 🔀 🤇	Condens	ate _	·			1-321		······································	
and address of previous operator										<del></del>	
II. DESCRIPTION OF WELL	AND LEA	SĖ								•	
Lease Name Well No. Pool Name, Includi FARNSWORTH "A" FEDERAL 11 SCARBOROUG									of Lease No.		
FARNSWORTH "A" F	H YATES 7 RIVERS XXX			Federal ox K	X LC-C	30180-A					
	_ :	330 <sub>1</sub>	Feet Fro	m The	N Lin	ne and 16	59.9 F	eet From The	W	Line	
Section 18 Townshi	<sub>p</sub> 26-S		Range	37-	E , N	МРМ,	Lea		<del>-1</del>	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	LAND	NATU:	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ent)	
Enron Oil Trading & Transportation					P. O. Box 10607, Midland TX 79702						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Sid Richardson Carbon & Gasoline Company					Address (Give address to which approved copy of this form is to be sent)  201 Main Street, Fort Worth, TX 76102						
If well produces oil or liquids, Unit Sec. Twp. Rge.						ly connected?	When				
give location of tanks.	ic 1		26S	1 37E	<u></u>	es	<u>i</u>				
If this production is commingled with that it. COMPLETION DATA	from any othe	- <u> </u>	ool, give	commingl	ing order num						
Designate Type of Completion	- (X)	Oil Well 	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD			1			
HOLE SIZE CASING & TUB					DEPTH SET			SACKS CEMENT			
			<u>-</u> .					<del> </del>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L	•		1			
						be equal to or exceed top allowable for this depth or be for full 24 hours.)					
te First New Oil Run To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I 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.					OIL CONSERVATION DIVISION  MAR 23  Date Approved						
Senature Jeanette Lowery Agent  Printed Name  Title					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
3-18-92 915 682 7582 Date Telephone No.					Title						

## 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.

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