Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural R-sources $D\varepsilon_{\rm pro}$ ment

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	TRAN	SPORT OIL	AND NAT	TURAL GA	S	±: =. ··				
Operator					Well A						
BWA OIL & GAS			· · · · · · · · · · · · · · · · · · ·			30	<u>-025-25</u>	8596			
P.O. BOX 4784, MI	DLAND.	TEXAS	797	04							
Reason(s) for Filing (Check proper box)				X Othe	s (Please explai	n)					
New Well	Change in Transporter of:										
Recompletion	CHANCE LEASE NAME										
Change in Operator	Casingness	(14) (1)	Site and the same of the same	O II I I I I I I I I I I I I I I I I I							
and address of previous operator											
II. DESCRIPTION OF WELL A	AND LEAS	SE				 					
Lease Name	Well No. Pool Name, Including Formation					Kind o	Lease No.		ase No.		
MOORE 34		I PITCHFORK RANCH STRAWN									
Location								TE A C TE	• • • •		
Unit LetterG	:198							set From The <u>EAST</u> Line			
Section 34 Township			ange 34-E		ирм, LEA	<u>-</u>			County		
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS		Table and a second	some of this fo	em ie to he se			
Name of Authorized Transporter of Oil or Condensate Address (Give address to walk approved copy of the John S. D. C. 1											
ENRON OIL TRADING & TRANSPORT					BOX 1188, HOUSTON, TX 77251-9931 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	head Gas		Dry Gas 🔚	P O	BOX 423	9. HOU	STON.	TX 772	10		
MERIDIAN OIL TRADI			wa. Rge.	Is gas actually connected? When							
If well produces oil or liquids, give location of tanks.	I G	10/01/0/7						JNE 4, 1991			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA	,	,							_,		
T	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Resiv		
Designate Type of Completion		Deady to B	<u></u>	Total Depth	<u> </u>	l	P.B.T D.	L			
Date Spudded	Date Compl. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
				CT AT NOT	NC DECOR	<u> </u>	<u> </u>				
	TUBING, CASING AND			CEMENTI	DEPTH SET	<u> </u>	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET							
	 			ļ. 	· · · · · · · · · · · · · · · · ·						
	 										
	 						<u> </u>				
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE					C 6.11 34 hav	1		
OIL WELL (Test must be after t			load oil and mus	be equal to o	r exceed top all	owable for the	s depth or be	JOP JULI 24 MOI	<i>4</i> 75.)		
Date First New Oil Run To Tank	Date 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				
Lengui or Tex	ruotug i ru	Tuoing Crossic									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.			Gas- MCF				
							<u> </u>				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE					D# # 61			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my	knowledge at	ad belief.		Dat	e Approve	ed					
19/1/11/11	em	>		11	• •		a j				
				∥ By_	<u>į.</u>	gel Kaut	4				
Signature BOB L. WATKINS OPERATOR				Gertina की,							
Printed Name Title					ə						
JUNE 20, 1991			chone No.								
Date		reiet	ARAIG IV.	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 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.