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

## State of New Mexico .rgy, Minerals and Natural Resources Departm.

## Form C-104 Revised 1-1-89 See Instructions

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

5 NMOCD (Hobbs) 1 Pennant Pet.

DISTRICT III

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION												
I.	TO TRANSPORT OIL AND NATURAL GAS WELL API NO.												· · · · · · · · · · · · · · · · · · ·
· ·									-025-23881				
Address PO Box 420,				···		<del></del>							
Reason(s) for Filing (Check proper box)	ive, Fa	rmingt	on,	New Me	exic		9-0420 <del>x (Please expl</del>	-i=1			· · · · · · · · · · · · · · · · · · ·		
New We!		Change in	Тимер	onter of:				•					
Recompletion	Oil		Dry G	las 🗀	]		of Owne						
Change in Operator X	Casinghea		Conde		<u> </u>		of Oper		····				
If change of operator give name and address of previous operator Ker	r-McGe	e Corp	orat	ion, I	P. 0	). Box	11050, M	idland	, TX 79	702	2	<del>;</del>	<del></del>
II. DESCRIPTION OF WELL	AND LE	ASE	· · · · · · · · · · · · · · · · · · ·										
Lesse Name Brown 84	Well No.   Pool Name, Including 1   Sawyer (Sa									of Lease No. Foderal of Fee NM_066884-A			
Location N	6	60			Sou	th	19	80			West		
Unit Letter	- :		. Feet F	rom The .		Line	and		Feet From Th	)C	WEST		Line
Section 13 Township	<b>9</b> S		Range	37E	Ε	, NA	лрм,	Lea				Cour	nty
III. DESIGNATION OF TRAN	CDADTE	D OF O	77 A.N	III NIAT	TT 1T2 A	T CAC	•		-				
Name of Authorized Transporter of Oil	[X]	or Conder		ר או עו			e address to wh	ich approv	ed copy of the	is for	m is to be se	nt)	
Lantern Petroleum Company						P. O. Box 2281, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Trident NGL, Inc.						<b>ddress (Giw</b> P. O. 1	e <i>address to wi</i> Box 5025	id copy of the Land . T	is for X 7	<b>m is to be se</b> '9710	nt)		
If well produces oil or liquids,	Unit Sec. To			wp Rge		Is gas actually connected?		Whe			7710		
give location of tanks.	N	13	95			Yes			5/73		· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with that it  IV. COMPLETION DATA	rom any oth	er lease or	pool, gi	ve commi	ngling	order aumb	er:		·				<del></del>
Designate Type of Completion	- (X)	Oil Well	7	Gas Well		New Well	Workover	Deepen	Plug Bac	* [5	Same Res'v	Dirr R	les'v
Date Spudded	Date Comp	l. Ready to	Prod.		170	otal Depth		4	P.B.T.D.	L		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					To	Top Oil/Gas Pay Tubing Depth							
Perforations										Depth Casing Shoe			
									Departe	B	Size		
						CEMENTING RECORD							
HOLE SIZE	SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
					_								
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE	<del></del>									
OIL WELL (Test must be after re					ust be	equal to or	exceed top allo	wable for th	his depth or l	be for	full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Cı	Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				w	ater - Bbla.	Gas- MC	Gas- MCF					
OAC WOLL	<u> </u>			<del></del>			<del> </del>	<del></del>	_1	<del></del> -	<del></del>		
GAS WELL Actual Prod. Test - MCF/D	Length of I	est		<del></del>	В	ols. Condens	ate/MMCF		Gravity o	r Co	ndensate	<del></del>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				G	Casing Pressure (Shut-in)			Choke Si	Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE			NI CON	ICED)	/ATION		NACIO	A.I	
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 is type and complete to the best of my knowledge and belief.						Data	<b>A</b> = = =	_ J(	JN 14	199	3		
	-					Date	Approved						
Jack Jacob						By Paul Kautz							
Signature  Jim L. Jacobs  Vice-President						~j			logist				
Printed Name			Title		$\parallel$	Title_			- ·				
6/8/93 Date	50	5-325- Tolep	phone N	lo.									

- INITIALITY COMBI. This form is to be filed in compilarme 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.