STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.8.G.4.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAB		
OPERATOR			
PROBATION OF	HCE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

	PROBATION OFFICE	AUTHOR	IZATION T	TO TRANS	PORT OIL	L AND NATI	JRAL GAS	
P.O. Box 50250 - Midland, Texas 79710 Research; for filing (Creek proper box) Champe in Transporter of: Oil Champe in Transporter of: Oil Champe in Ownership give name and address of previous owner								
Change of ownership Creatingheed Gas		Texas	79710					
Change of ownership Creatingheed Gas	Reason(s) for filing (Check proper box)		"			Other (Pleas	ie explain)	
Recomplisition	· · · · · · · · · · · · · · · · · · ·	Change is	Transporter	r ol:				
Change of ownership give nerie and address of previous owner				∇	ry Gas			
II. DESCRIPTION OF WEIL AND LEASE Lease Name Mail No. Pool Name, Including Formation Xind of Lease Lease No.		Cost	nghead Gas		ondensate			
Lease No. State D	If change of ownership give name and address of previous owner					•		
State D 6 Eumont Yates 7 Rvs Queen State, Federal or Fee State B-1481 Location Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line of Section 32 Township 21S Range 36E NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Coalinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Northern Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Res. Is que actually connected? When 17 give location of tonis. If this production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION APPROVED ORIGINAL SIGNED BY JERRY SEXTON BY DISTRICT I SUPERVISOR TITLE This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1104. All sections of this form must be filled out completely for allowable on new and recompleted wells. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections 1, II. III, and VI for changes of owner.		LEASE	<u> </u>	122122122			TVInd of Lance	
Line of Section 32 Township 21S Range 36E NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) None Northern Natural Gas Company If well preduces oil or liquids, question of that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE District Operations (Signature) District Operations (Manager - Production (Italia)) Original Signed by Jerry Sexton (Italia) June 21, 1988 Title) June 21, 1988	l ""]	_						
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line of Section 32 Township 21S Range 36E NMPM, Lea Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate (X) None Northern Natural Gas Company If well produces oil or liquide, quive location of trans. Unit Sec. Twp. Rge. Is gas actually connected? When 1.7 Yes 6-18-88 If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. 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 is true and complete to the best of my knowledge and belief. District Operations Manager - Production (Signature) District Operations Manager - Production (Title) June 21, 1988		· 6	Eumont	Yates	/ RVS Q	ueen	State State	<u> </u>
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Northern Natural Gas Company If well produces oil or liquids, quality of tents. If the production of tents. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. 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 is true and complete to the best of my knowledge and belief. District Operations Manager - Production (Signature) District Operations Manager - Production (Title) June 21, 1988 P.O. Box 2370 - Hobbs, New Mexico 88240 When 1.7 Yes 6-18-88 OIL CONSERVATION DIVISION APPROVED ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III., and VI for changes of owner.	Name of Authorized Transporter of Oil	ORTER OF C			L GAS	(Give address	to which approved copy of this form is	to be sentj
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened wells, this form must be accompanied by a tabulation of the deviation of the de			or Dry	Gas 🗶	1			
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Fitt out only Sections I, II, III, and at to changes of owner,	(Title)		oduc t 101		Al	l sections of	this form must be filled out comp	· · · -
								

	OII Well Gas Wel	New Well Workover Dee	pen Plug Back Same Restv. Diff. Restv
Designate Type of Complet	xion = (X)	X	X .
Date Spudded (Respudded)	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
4-94-88	6-18-88	3871	3869'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
3611'DF	Yates-7 Rivers	3299'	3227'
Performations New Perfs: 2	SPF @ 3299 - 3311, 336	7 - 3379, 3385 - 3392,	Depth Casing Shoe
3515 - 3522, 3534 - 3	3543 and 3661 - 3693' To	tal 170 holes Old Perf	s: 3870'
	TUBING, CASING,	AND CEMENTING RECORD	3785 - 3855'
HOLE IZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1494'	900
7.7/00	5-1/2"	3870'	300
7-7/8" 7. TEST DATA AND REQUEST	T FOR ALLOWABLE (Test must b	e after recovery of total volume of lo depth or be for full 24 hours)	ood oil and must be equal to or exceed top allow
	T FOR ALLOWABLE (Test must b	e after recovery of total volume of lo depth or be for full 24 hours) Producing Method (Flow, pump.	
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	T FOR ALLOWABLE (Test must be able for this	septh of be for just 24 hours,	
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test	T FOR ALLOWABLE (Test must be able for this	Producing Method (Flow, pump.	gas lifi, etc.)
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test	T FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Producing Method (Flow, pump, Casing Pressure	gas lift, etc.) Choke Size
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	T FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Producing Method (Flow, pump, Casing Pressure	gas lift, etc.) Choke Size
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	T FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Producing Method (Flow, pump, Casing Pressure	gas lift, etc.) Choke Size
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test ACTUAL Prod. Test-MCF/D	T FOR ALLOWABLE (Test must be able for this able for this Date of Test Tubing Pressure Oil-Bbis.	Producing Method (Flow, pump. Casing Pressure Water-Bbis. Bbis. Condensate/MMCF -0-	Choke Size Gab-MCF
7. TEST DATA AND REQUEST	T FOR ALLOWABLE (Test must be able for this between the able for the a	Producing Method (Flow, pump, Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	Choke Size Gab - MCF

IV. COMPLETION DATA