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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.	,		
Dawson Operatin	a Comp	anv					3	30-025-103	370 🗸		
	.g compe						·				
Address	1.1	7	70	703							
P. O. Box 403,	Midlar	nd, Texa	as /9	702							
Reason(s) for Filing (Check proper bax)						ст (Please expl	ain)				
New Well		Change in	Transpor	ter of:							
Recompletion	Oil		Dry Gas		Ef	fective	4-1-93				
Change in Operator	Casingher	nd Gas	Condens	ate							
Carago in Opinion	<u>_</u>										
If change of operator give name and address of previous operator B C	& D O:	il & Gas	s Cor	p., P.	0. Box	5926,	Hobbs, l	MM 88241			
II. DESCRIPTION OF WELL	. DESCRIPTION OF WELL AND LEASE						Vin4	«LassaState	LeaseState Lease No.		
Lease Name	Well No. Pool Name, Includi							Federal or Fee B-934			
New Mexico M State		43	Lang	lie Ma	ttix Se	ven Rive	rs		B=	134	
Location			Quee	n Grey	berg						
this Letter F	. 19	980	Foot Em	m The N	orth Lin	o and198	0 F	et From The	West	Line	
Unit LetterF	_ :		104110	111 1110							
Section 19 Townsh	in 229	5	Range	37E	. N	MPM,	lea			County	
Section 19 Townsh	<u></u>		- Acade								
THE PROPERTY OF THE A	JCDADTT	ED OF OF	T A NIT	NATH	DAT. GAS						
III. DESIGNATION OF TRAI				, 11A I U.	Address (Gi	e address to w	hich approved	copy of this form	is to be se	nt)	
	TABLE OF AMERICAN TRANSPORT OF THE PROPERTY OF										
Texas New Inchizes 1-1-						O. Box 1510, Midland, Texas 79701 ss (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin		X	or Dry C	jas							
Texaco Expl. & Prod,	Inc.							Oklahoma	/4102	<u> </u>	
If well produces oil or liquids,	Unit	 			is gas actually connected? When			7			
give location of tanks.	i										
If this production is commingled with that	from any of	ber lesse or n	ool. give	comming	ing order mun	ber:					
IV. COMPLETION DATA	110111 =11) 44	r			-						
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Time of Completion	· ~	ION MEN	1 6	as wen	1 1104 1104	1	1	i		İ	
Designate Type of Completion		_L			Total Depth	1	1	P.B.T.D.		_ 	
Date Spudded	Date Com	pi. Ready to	Prod.		1000 Depui			F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casing S	ihoe		
2 00.00 mo-											
		TIDDIC	CASIN	GAND	CEMENTI	NG RECOR	D				
					CLIIVIII VAA	DEPTH SET		SA	CKS CEM	ENT	
HOLE SIZE	CA	ISING & TU	RING 2	125		DEFTITOET					
								-			
											
								<u> </u>			
V. TEST DATA AND REQUE	ST FOR	ALLOWA	BLE								
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of t	otal volume d	of load o	il and must	be equal to or	exceed top all	owable for th	is depth or be for	full 24 hou	75.)	
Date First New Oil Run To Tank	Date of To	-			Producing M	ethod (Flow, pr	emp, gas lift,	esc.)			
Date First New Oil Rutt to Tank	Date of 1	544									
						iine		Choke Size			
Length of Test	Tubing Pr	ETETLE			Casing Press						
					- F314			Gas- MCF			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.					
GAS WELL					Thu: 73	mic/MMCF		Gravity of Con	densale		
Actual Prod. Test - MCF/D	Length of Test			Bols, Conde	INTERIOR INTERIOR			Gravity or Communication			
					<u> </u>			Crote Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
second thurst annula it											
					1						
VI. OPERATOR CERTIFIC	CATE OF	F COMP	LIAN	CE		OUCON	USFRV	ATION D	IVISIO)N	
I hereby certify that the rules and regu	lations of the	Oil Conserv	ration		11						
Division have been complied with and	I that the info	amation give	n above					•	& Buch		
is true and complete to the best of my	junowledge 1	ind belief.			Date	Approve	d				
	•				11	·					
						~ 520 ~ 522 4		av irbav ret	YTON		
	K. K				By_	UKIG!NA	C BEGIVES	ev iseay sei	~ I U I V		
Signature Joe R. Dawson	V	ice Pre	sider	nt		9 3°	SECONTIL				
Printed Name			Title		Title	•					
5-6-93	9	15-699-	• • • • •		111110						
Date			phone No).							
- /XIP											

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.