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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OOU RIO Brazos Rd., Azzec, NM 87410			ALLOWAE		•					
•	AND NA	AND NATURAL GAS								
perator					Weil API No.					
Royalty Holding Co.					30-025- 08152					
uddress	naa+ C-	.i+^	720 01	1 a homa	City	OK 73	3112			
3535 N.W. 48th St	reet, St	ille	720, OK	Tanoma	er (Please expla	oin)	71.12			
eason(s) for Filing (Check proper box)	Cha	oce in Tra	nsporter of:		a (r ieuse expu	ain)				
lew Well	Oil		Gas							
tecompletion U	Casinghead Gas									
intellige to operator				<del></del>						
d address of previous operator	Leoh Mar	<u> </u>	ent co.	<del></del>						
. DESCRIPTION OF WELL A	Well No. Pool Name, including						Lease			
Hanagan "B" Feder	a1 2	2	Doub1e	X Dela	ware	Staff,	Federal or Fee	NMNM	39880	
Ocation Unit Letter	. 660	Fee	et From The	Bouthlin	and 72	<i>v</i> Fo	et From The _	Eart	Line	
1 5	245		3 2 E				Lea			
Section 15 Township	240	Ra	nge 321	, NI	мрм,				County	
II. DESIGNATION OF TRANS				RAL GAS		1.1				
ame of Authorized Transporter of Oil X or Condensate				Address (Give address to which approved copy of this form is to be sent) P.O.Box 1183, Houston, TX 77251						
	ng Ltd. Partnership									
iame of Authorized Transporter of Caring				Address (Giv	ox 505	hich approved N Ram	copy of this fo	orm is to be se 11e OK	74005	
Phillips 66 Natur		Co.		Is gas actual		When		110,01	, 4003	
f well produces oil or liquids, ive location of tanks.	Unit Sec.	i_	<u></u>			l when			<del> </del>	
this production is commingled with that to V. COMPLETTON DATA	from any other lea	are or pool	, give comming	ing order num	ber:	,		·		
		l Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			İ	<u> </u>	1	1	<u> </u>	<u> </u>	_1	
Date Spudded	Date Compi. Re	eady to Pro	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations				<u> </u>			Depth Casir	ng Shoe		
	TUB	ING. C	ASING AND	CEMENTI	NG RECOR	SD OS				
HOLE SIZE					DEPTH SET		SACKS CEMENT			
		<del></del>								
	<del> </del>	<del></del>					-			
V. TEST DATA AND REQUE				J						
OIL WELL (Test must be after t	<del></del>	volume of i	oad oil and mus					for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	питр, заз цу,	erc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbla			Gas- MCF		
GAS WELL	.L			1						
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			
	<u> </u>									
VL OPERATOR CERTIFIC	CATE OF C	OMPL	IANCE		011.00	NOTO	/ATION	DIVICE	ON.	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CO	こりによく	AHON	ואואות	JIN 1000	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OCT 1 6 1989					
is true and complete to the best of my	anowiedge and t	PELIOF.	•	Dat	e Approv	ed	- 00	1 T .,	1946	
	01				• •					
Signature Company					0	RIGINAL	IGNED EV	JERRY CE	XTON	
FRANK K. 1-0x 9-4-67					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name	1.	7, -, .	Tille	Title	<b>3</b>					
Dute 7. 1.2. E.J	10	S- 74	15911/	1						
OTE		i eleph	140.	- []						

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 filled for each pool in multiply completed wells.

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OCT 12 1989

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