Submat 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of Non-Texico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page H 5141310N

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

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088 היכדפורד תו

1000 Rio Brizos Rd., Aztec, NM 8	17410		20.41.0					0 50	
I.	- REQ	UEST FO	OF ALLO	WABLE AN	ID AUTHO	RIZATE	NOCT 27 AM	8 53	
Operator		TOTHA	NSPORT	OIL AND	NATURAL				
AMORO Pr	oduction	in Co	OMDA	111			al api na 30 -021-21	0176	
Reason(s) for Filing (Check proper	606 1	1/2/1	land	7 N	20.	~	50 021 21	0/38	
Reason(s) for Filing (Check proper	baz)	1697	on, 1	1 PW 1 11	Other (Please es	8841	15		
=		Change in 1	Transporter of	: <u>-</u>	,	, , , , , , , , , , , , , , , , , , , 		,	
Recompletion	Oil		Dry Gas		onnect	well ,	to gatherin	g systen	
Change in Operator If change of operator give name	Casinghea	d Gas 🗌 (•				•	, ,	
and address of previous operator _									
II. DESCRIPTION OF WY	ELL AND LE								
1	_ !	Well No. F	ooi Name, Is	cluding Formati	08	Kin	d of Lease	Lana Ma	
BDCDGU 2033	\$	30/	Bravo D	Dome -	640	ينك	e)Federal or Fee	Lease No. 89A	
Unit Letter G	:/9	80 F	eet From The	North	Line and/ 9		Feet From TheE 2,		
Section 30 To	vaship 20		ange 3	- -	NMPM,		Harding		
III. DESIGNATION OF THE	ANSPODTE:		A NID. NIA	777.17.1.	_		710141119	County	
Name of Authorized Transporter of (N CALISPORTED	or Condensar	AND NA	TURAL GA	S	<u> </u>			
	ئے			AMAZIESS (C	ine address to a	vhich approve	ed copy of this form is to b	M SENI)	
Name of Authorized Transporter of C	asinghead Cas	or	Dry Gas 🔀	Address (C	ive address to w	hich approve	d copy of this form is to b		
Amoco Prod. Co				P.O.B	0x 606	Clauto	n, New Mexic	e seni)	
If well produces out or liquids, give location of tanks.	Uaut ′	Sec. T	νp. R	ge. Is gas actu	ully connected?	Whe	1)	0 88413	
			1		100	''' (#6	10/8/93		
I this production is commungled with IV. COMPLETION DATA	that from any other	r lease or poo	d, give comm	ingling order au	mber:	— <u></u>	10/8/73		
COMPECTION DATA		100.00.0	- ₁	_,					
Designate Type of Complete	ion - (X)	Oil Well	Gas Well	New Wel	Workover	Deepen	Plug Back Same Res	v Diff Resiv	
Date Spudded 4/30/8/		Ready to Pro		Total Depth		L	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Par	10/8/93			2780		2565		
5090 G1		Name of Producing Formation Tubb			25/2		Tubing Depth		
Perforations		400			(3/2		2495		
2512-2565							Depth Casing Shoe		
HOLE SIZE	TU	BING, CA	ISING AN	D CEMENT	ING RECOR	D	2700		
121/4"	CASI	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
77/8"		85/8" 24#			7/3			SOOSKS	
7 1/8	51/2" 14#			780		1100 515			
27/8 +			?	2	2495		1100 SK5		
. TEST DATA AND REQU	EST FOR AL	1.011.51							
IL WELL Test must be after	EST FUR AL	TOWARI	a E adaileach						
ate First New Oil Run To Tank	First New Oil Run To Tank Date of Test				producing Method (Flow, pump, gas lift, etc.)				
				. rouseling las	eum (riow, pu	mp. gas lyt, a	(c.)		
ength of Test	Tubing Pressu	Tubing Pressure			ше		Choke Size		
ctual Prod. During Test	L During Test Oil - Bbls.		·	Water - Bhia					
			<u> </u>				Gas- MCF		
GAS WELL CIUSI Prod. Test - MCF/D							L		
938		Length of Test			mu/MMCF		Gravity of Condensate		
sting Method (pilot, back pr.)	Tuhina Dari	72 hrs Tubing Pressure (Shut-in)					· · · · · · · · · · · · · · · · · · ·		
back pro		18 (SAUL-18)		Casing Press	_ *		Choke Size		
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is true and complete to the best of m	y knowledge and b	ation.) VE	- 11	_		/ /		
				Date	Approved	_10/	28/23		
121lly E. Kriehan					1 101/1				
Signatura Billy E. Price	6.17			By <i>↓</i>	190	Du	· · · · · · · · · · · · · · · · · · ·		
Bring No.				1	DEVOICE CHAPTER				
10/8/93 (062747062				Title					
Date			<u> </u>	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
- 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.