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

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

State of New Textoo 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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Tr	O TRANSPO	RT OIL	L AND N	ATURAL C	SAS						
Operator				Wel			API Na					
Amore Pi	oductio	n Com	Dane	4			30-021-20262					
Reason(s) for Filing (Check proper to					Mevi							
Reason(s) for Filing (Check proper)	MI)	01041	01)	<u>/ XI </u>	her (Please and	(<u>C</u>	9 1 1 3					
New Well		hange in Transporte			ches (riesse exp	(I						
Recompletion	Oil	Dry Gas	# 01. 	(oz wei	<i>()</i>						
Change in Operator												
If change of operator give name	Casinghead (Gas Condensa	ie 📋									
and address of previous operator				· · · · · · · · · · · · · · · · · · ·								
II. DESCRIPTION OF WE	LL AND LEAS	E										
Lease Name	ч	ell No. Pool Nam	e, includi	ng Formation		Kind	of Lease	Lease No.				
BDCDGU 213	3 1	111 Brows D				1.0						
Location		11 11 00	0 00	. , , , , ,	B 7C		14	-4629				
Unit LetterK	: 1920	Feet From	The	<i>Vest</i> u	ne and	<u>43 </u>	eet From The 50	cith line				
	viship T211							County				
								County				
III. DESIGNATION OF TE	LANSPORTER	OF OIL AND	NATUE	RAL GAS								
Name of Authorized Transporter of (XI or	Condensate		Address (Gi	we address to w	hich approved	d copy of this form is to	be sens)				
Name of Authorized Transporter of C HIMCEC PICCUCFIC	asinghead Gas [or Dry Ga		Address (Gi	we address to w	hich approved	l copy of this form is to	be sens)				
If well produces oil or liquids,	Unit Se	- IT- I		1.6.100	XCCC	<u>C124+0</u>	on, new me	XICC)				
give location of tanks.	lomr lee	c. Twp.	Kge.	is gas actual	y connected?	When	1.7					
If this production is commingled with	that form and artical			Y	<i>es</i>		7/13/93					
If this production is commingled with IV. COMPLETION DATA			ouumragin	ng order nur	ber:	······································						
Designate Type of Complet	ion - (X)	XII Well Gas	Well	New Well	Workover	Deepen	Plug Back Same Re	es'v Diff Res'v				
Date Spudded	Date Compl. F	Pandy to Post	×	Tarak Bara	<u> </u>	<u> </u>		1				
6/4/93				Total Depth	. / :		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)		116/93		7 Top Oil/Gas	474		2474					
		icing Formation			-		Tubing Depth					
Perforations	4904 Tubb			<u> </u>			NIA					
						***************************************	Depth Casing Shoe	* <u></u>				
2305-2474	Upen ho	1 6					2305					
	TUF	BING, CASING	AND (EMENT	NG RECOR	<u> </u>	1 2-060					
HOLE SIZE	CASIN	CASING & TUBING SIZE		DEPTH SET			7 21212					
12.14		85/811		7.7.03		SACKS CEMENT						
778		41/2" Fiber 9/255		7.0		45C 5X						
37/8		116 / 1119/355		4305			525.SX					
		0///			F14"							
V. TEST DATA AND REQU	EST FOR ALI	OWABLE					<u> </u>					
JIL WELL (Test must be aft	er recovery of local	polyme of load oil a	-d =1,00 h				depth or be for full 24					
Date First New Oil Run To Tank	Date of Test		as mass of	Produces M	exceed top allo	mable for this	depit or be for full 24	hours.)				
			1	LIOGRAPH WE	shod (Flow, pu	mp, gas lift, ei	(c.)					
Length of Test	Tubing Pressure	· · · · · · · · · · · · · · · · · · ·		Casina Dansan								
	rooms ricesure	•	١	Casing Pressu	Te .		Choke Size					
ual Prod. During Test Oil - Bbls.												
-	O.1 - 2012		'	Water - Bbla.			Gas- MCF					
GAS WELL												
Actual Prod. Test - MCF/D												
2.8 mc F/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate					
Z.O MCFID	1/12	11/2										
esting Method (pitot, back pr.)	Tubing Pressure	•	7	Casing Pressure (Shut-in)		Choke Size						
pitot		10	1		•		2"					
L OPERATOR CERTIF	CATE OF CO	MPI IANCE					1					
r mercon centry max me unies and te	gulations of the Oil ("mesmation	'	\sim	IL CON	SERVA	TION DIVIS	IONI				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Belling E Frichard Field Facemon				OIL CONSERVATION DIVISION Date Approved 7-13-93								
									X 50 //			
									By /)4 John			
				Dilly E trichard Field Foreman								
				Printed Name Title				Title Senior Ferroleun Sealogich				
Du / 4/43	<u>505370</u>	<u> </u>	11	litle_	<u>venu</u>	M. 16	TOTEUM	48109184				
Date .		Telephone No.	—									

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.