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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 ١

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANSPORT OIL AND NATURAL GAS

	101	HANSFURI U	L AND INTIONAL GA	Well API No.			
Operator COATRANTA	TNO			. ,			
NERDLIHC COMPANY,							
337 E. SAN ANTONIO	DRIVE, LO	NG BEACH, CAI	IFORNIA 90807				
leason(s) for Filing (Check proper box)	_	a a da Manasa a a a a a a a a	Other (Please explain	n)			
lew Well		ge in Transporter of:  Dry Gas					
Recompletion Lange in Operator XXX	Oil Casinghead Gas	Condensate					
change of operator give name pressor	ON OPERATI	ONS COMPANY.	INC., 1801 BROADW	AY, STE. 600, I	ENVER, CO 80202		
ill accides of Interiors obstates		OND COIL ILLY					
I. DESCRIPTION OF WELL A		No. Pool Name, Inch	dies Formation	Kind of Lease	Lease No.		
Lease Name BULLSEYE	Well 1Y		INA/DAKOTA	State, Federal or Fee			
Location			IIII, DIAGO	······································			
	. 1750	Feet From The	W Line and 430	Feet From The _	N Line		
Unit Letter				LETHI EV	Country		
Section 19 Township	16N	Range 9W	, NMPM, M	CKINLEY	County		
II. DESIGNATION OF TRAN	CDADTED A	F OIL AND NAT	URAL GAS				
II. DESIGNATION OF TRAIN. Name of Authorized Transporter of Oil	or C	ondensate	Vogless (Cline aggress to my				
PERMIAN CORPORATION	xx	·	P. O. BOX 1183,	HOUSTON, TX 7	7001		
Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Give address to whi	ich approved copy of this fo	orm is to be sent)		
NONE				When 7			
If well produces oil or liquids, rive location of tanks.	Unit   Sec.	Twp.   Ri	e. Is gas actually connected?	Wileta /	•		
f this production is commingled with that							
I thin production is commingled with that I V. COMPLETION DATA	HOIR MILY OUTER TO	at or poor, give consum					
		Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v		
Designate Type of Completion				DDTD	L		
Date Spudded	Date Compl. Re	ady to Prod.	Total Depth	P.B.T.D.			
OF DEP DE CO VAL	Name of Produc	ing Formation	Top Oil/Gas Pay	Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Ivame of Floods	ing i omence					
Perforations	.1			Depth Casin	ng Shoe		
			- COLUMNIC DECOR	<u> </u>			
			D CEMENTING RECOR DEPTH SET	<u> </u>	SACKS CEMENT		
HOLE SIZE	CASING	& TUBING SIZE	DEF III SET				
V. TEST DATA AND REQUE	ST FOR ALL	OWABLE	nust be equal to or exceed top all	anable for this depth of be	for full 24 hours.)		
	Date of Test	olume of load ou and n	Producing in no 271 P	Ep all 1. III.	<u> </u>		
Date First New Oil Run To Tank	Date of Tex			EARIII	5		
Length of Test	Tubing Pressur	8	Casing Park	A 4000			
				4 1990 Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls OIL CC				
	<u> </u>			it. 3			
GAS WELL					Condensate		
Actual Frod, Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	· Gravity of	Conocusate		
	Tubing Pressur	ne (Shut-in)	Casing Pressure (Shut-in)	Choke Siz	Choke Size		
lesting Method (pilot, back pr.)	I GOING E ICESUI	- /min me mal					
VI. OPERATOR CERTIFIC	CATE OF C	OMPLIANCE			L D II // C / C / !		
I hereby certify that the rules and reg				NSERVATION	DIVISION		
Division have been complied with an	d that the informal	lion given above	<b>\</b>	JUN 2 ?	2 <b>19</b> 90		
is true and complete to the best of m NERDLIHC COMPANY, IN	y kngwjedge and t	oclicf.	Date Approve	ed be			
	$\mathbf{C}Z$				/s /		
	11011	Flen		1.16	Thomas .		
By Fam El	1194	Tlon	- Ву	3.in). 6	Thomp.		
Signature TOM E. KNOWLTON	11910	ESIDENT	- By	SUPERVISOR	DISTRICT #3		
By Signature	PRE	ESIDENT Title 3) 422-1271	- By - Title	SUPERVISOR	DISTRICT #3		

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.
- A) Separate Form C-104 must be filed for each pool in multiply completed wells.

JUNE CON CIVE ORT, 3

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOT	RANS	PORT OIL	AND NAT	UHAL GA	AS Walk	DI No			
erator			_ · ·			Well A	F ( 140.			
VERDLIHC COMPANY.						L				
uesi 137 E. SAN ANTONI	O DRIVE,	LONG	BEACH,	CALIF	ORNIA	90807				
ison(s) for Filing (Check proper box)				Othe	r (Please expl	ain)				
w Well	•	je in Tran 区本 Dry	sporter of:							
completion U	Casinghead Gas									
ange of operator give name										
address of previous operator										
DESCRIPTION OF WELL	l Name, Includin	g Formation			Kind of Lease Lease No.					
BULLSEYE	14	MARCELI		ATC	State,	Federal or Fee				
cation				.7						
Unit LetterC°	:1750_	Fee	t From The	V Line	and43	<u>50</u> Fe	et From The	N	Line	
Section 19 Towns	ship 16N	Rar	ige 9W	, NI	ирм, Мо	KINLEY			County	
		- oli	A NURS NI A TERU	DAT CAR						
. DESIGNATION OF TRA		endensate	AND NATU	Address (Giv	address to w	hich approved	copy of this for	m is to be se	น)	
SIANT REFINING CO				P.O.	BOX 25	6, FARI	11 NGTON	, NM E	7499	
ime of Authorized Transporter of Cas	singhead Gas	] or 1	Dry Gas	Address (Giv	e address to w	hich approved	copy of this for	m is to be se	ru)	
NONE well produces oil or liquids,	Is gas actually connected? When ?									
e location of tanks.	Unit   Sec.   C   19	Tw	•	NO_		i	<del></del>			
his production is commingled with th	ust from any other leas	e or pool	, give comming!	ing order num	ber:					
. COMPLETION DATA	loi	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	•	17 611	1	İ		<u> </u>	<u>.                                    </u>		<u> </u>	
e Spudded Date Compl. Ready to Prod.			d.	Total Depth			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ation	Top Oil/Gas	Pay		Tubing Depth			
levaluus (DP, RKB, RT, OR, ELC.)										
rforations							Depth Casing	Shoe		
	TIR	NG C	ASING AND	CEMENTI	NG RECO	RD	<u>.L</u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SE		SACKS CEMENT			
. TEST DATA AND REQU	JEST FOR ALL	OWAB	LE		den a	Maumble for th	ie desch or he l	or full 24 hou	urs.)	
IL WELL (Test must be aft	er recovery of total w	olume of.	oda ou ana musi	Producing M	ethod (Flow,	pump, gas lift,	esc.)			
Sign Firm City Part Co. Land				1-96	690 P	.,			<del></del>	
ength of Ten	Tubing Pressure	Tubing Pressure			Caping Spanne			Chate Site		
Actual Prod. During Test	est Oil - Bbfs.			Water Bala n FO - 0 100			and MCP			
reinfit Liour framile Lear	Oil · Boil.				DEC1	j isau				
GAS W <b>ELL</b>				Ô	IL CO	N. DIV				
Actual Prod. Test - MCF/D	Length of Test			Bille Cond	Same?	r. 3	Crevity of C	ondensate		
	Tokias Bassis	Tubing Freskure (Shut-in)			aire (Shui-le)		Chate Stul			
esting Method (pitor, back pr.)	i dattil Atexanti	e (burn.m	,				74.74		*	
VI. OPERATOR CERTIF	FICATE OF C	OMPL	IANCE	1			/A TION	D11/101/	241	
I hereby certify that the rules and a	regulations of the Oil	Conservat	lon		OIL CC	NSERV	MUUN	ופועוט		
Division have been compiled with is true and complete to the best of	i and that the informati I my knowledge and b	ion given elief.	<b>spove</b>		<b>-</b> A		DEC 1	0 1990		
	1)	11		ll va	e Approv	veg		<u> </u>		
Tomfil	mour	lo	7	Ву		マ.	1) 6	2		
Signature TOM E. KNOWLTO	ON PRE	SIDE	NT	11 07		0115-	7.0	Mary Comment		
Printed Name		1	ide	Titl	8	<b>3</b> UP	RVISOR	DISTRIC	T /3	
Date 10 2 cm	(213)		-1271							

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