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Appropriate District Office
DISTRICT 1
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

	TC	TRAI	NSPO	RT OIL	AND NAT	JRAL GA	AS_	Wall A P	I No	<del></del>		
rator MOCO PRODUCTION COMPANY						Weil API No. 300392353200						
iress .O. BOX 800, DENVER,		8020	1						_			
son(s) for filing (Check proper box)	CLOKADO	0020			Other	(Please expl	lain)					
w Well	a	hange in	Transpor Dry Gas									
completion												
inge in Operator	Casinghead C	ias	Condens	sale X								
range of operator give name address of previous operator					<del></del>							
DESCRIPTION OF WELL	AND LEAS	E	· · · · · · · · · · · · · · · · · · ·	<del></del>				Kind of	Lease	Lea	se No.	
ase Name PHILLIPS, FRED, /F/ /M	ν	Vell No.	Pool Na BLAI	NCO MES	ayernation AVERDE (	PRORATE	ED G					
Cation K Unit Letter	_:18	: Feet From The						Fce	t From The _	FWL	Line	
Section 10 Townshi	ship 25N			3W	, NMPM,			RIO	ARRIBA		County	
. DESIGNATION OF TRAN	ISPORTER	OF O	IL AN	D NATU	RAL GAS				of this fo	um is to be see		
authorized Transporter of Oil	·	or Condei	nsale	(X)	11000000 ( - 111	e address to 1 V 150	which RIO	<i>approvea</i> ∩MFTE:	LD, NM	orm is to be set 87413	-,	
GARY WILLIAMS ENERGY (		LUN	os Dry	Gre [X]	Address (Give	address to	which	approved	copy of this fo	orm is to be set	ni)	
anne of Authorized Transporter of Casin EL PASO NATURAL GAS CO	gnead Gas MPANY	لــا	or Dry Gas X		P.O. BOX 1492, E			L PAS	0, TX 7	79978		
well produces oil or liquids, re location of tanks.		Soc. Twp. Rge.			Is gas actually connected?			When	When ?			
this production is commingled with that	from any othe	r lease or	r pool, gi	ve comming	ling order numb	жг:						
. COMPLETION DATA		Oil We		Gas Well	New Well			Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Ì	l_		Total Depth	l			P.B.T.D.	l	ــــــــــــــــــــــــــــــــــــــ	
ate Spudded	Date Comp	Date Compl. Ready to Prod.			torn nebut							
levations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
erforations			··-						Depth Casi	ng Shoe		
TUBING, CASING AND					CEMENTING RECORD					01000000	ITAIT	
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				<del></del>								
					_							
					-							
. TEST DATA AND REQU	EST FOR A	LLOV	VABL	E					er e alb.	a Com Gull 24 ha	wer)	
TEST DATA AND REQU OIL WELL (Test must be afte	r recovery of 10	otal volum	ne of loa	d oil and mu	st be equal to a	nr exceed top Nethod (Flow	allow	n eas lift.	elc.)	2 107 1411 24 110		
Date First New Oil Run To Tank	Date of Te	:st			1.100nerus u	neurou (1 10.	· , /	γ, a , .,				
Length of Test	Tubing Pro	essure			Casing Pres	sure			Choke Siz			
Length of Test	, doing i				Wate Di	K C	[]	YE	- MCI	:		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.					<b>,,,</b> ,,	• • • • • • • • • • • • • • • • • • • •				
					<u> </u>	JUL1	11	990				
GAS WELL		- N			Bhls Cond	-			● Gravity o	Condensate	<del></del>	
Actual Prod. Test - MCF/D	Length of	i cel						_	<b>/</b> •			
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				sure (SID)	ST.	3	Choke Si	že		
VI. OPERATOR CERTIF	ICATE O	F CO	MPLL	ANCE		011 0		C =	./ATION	אוזען וי	ION	
I hereby certify that the rules and P	egulations of th	ic Oil Co	nscrvatio	M1		OIL C	VIV.	SER		1 DIVIS	.O.14	
Division have been complied with	and that the inf	Offination	given at	bove					JUL 1	1 1990		
is true and complete to the best of	my knowledge ?	and belie	<b>н.</b>		∥ Da	ite Appr				<u> </u>		
NU Meles-						By But Chang						
Signature W. Whaley, Staff Admin. Supervisor					-    By -			SUP	ERVISOR	DISTRIC	T #3	
			7150	110	Tit	tle						
Printed Name July 5, 1990		30	13-83( Telepho	J=4280 one 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 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.