Submit 5 Copies
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, Astesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Lease Name SCHLOSSER WN FERERAL Set No. 12 N	Operator	<u> </u>		Well	API No.						
Case Content Case Content Case C								30-045-06960			
Respond for Filing (Check proper bots) New World Other (Please appliant) Change in Transporter of Change in Transporter of Change in Operator Other (Please appliant) Change of operator per name If DESCRIPTION OF WELL AND LEASE Liane Name If DESCRIPTION OF WELL AND LEASE Liane Name SCHILASSER NN FEDERAL S Pool Name, Including Formation Stand of Losse Schilasser Special Special Schilasser Special Spe	Address 10 Desta Drive St	te 100W, Midl	land, TX 7	9705	 _						
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Section Township 20 N Range 11 W NNPM, SAN OWN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil		:	_ Feet From The _	Lis	e and		set From The	201	Line		
Name of Authorized Transporter of OL	Section 34 Township	28 N	Range 1	1 W , N	MPM, S.	AN JUAN			County		
Name of Authorized Trasporter of Oil Or Condensate XX Address (fire address to which approved copy of this form is to be seed) SIAT REFINING INC. P.O. BOX 338. BLOOMFIELD, NM 87413 Name of Authorized Trasporter of Casinghead Gas Or Dry Gas X2 P.O. BOX 338. BLOOMFIELD, NM 87413 Name of Authorized Trasporter of Casinghead Gas Or Dry Gas X2 P.O. BOX 4990. RARVINGTON, NM 87439 If well produces oil triquids, Unit Sec. Twp. Rgs Inc. P.O. BOX 4990. RARVINGTON, NM 87439 If this production is consmissigned with the from any other lesses of pool, give commissigning order manufer: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Despee Plug Back Same Res V Diff Res V Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Despee Plug Back Same Res V Diff Res V Designate Type of Completion - (X) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Designate Type of Completion - (X) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Prilorations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE Distermined from this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gest lift, etc.) Tubing Pressure Chool Side Casing Pressure Chool Side Casing Pressure (Shot-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Interdy certify that the rules and reputations of the Oil Conservation Division have been completed with and that the information gives above is true and complete to the test of my biscovilegies and belief. Date of the complete of the test of the oil Conservation Division have been completed with and that the information gives above is true and complete to the test of my biscovilegies and belief. Date of the complete of the test of the Oil Conservation Divisio	THE DECICE ATTION OF THE ANY			TD 4 T . G 4 G							
P.O. BOX 338. BLOMFIELD, NM 87413	Name of Authorized Transporter of Oil				e address to w	hick approves	come of this form	is to be s	ent)		
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If well produces oil or liquide, Date Sec. Twp. Rge Is gas actually consected? When ?	Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Gi	e address to w	hich approved	copy of this form	is to be se	ent)		
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SIGNATURE BILL R. KEATHLY SR. REGULATORY SPEC. BY SUPERVISOR DISTRICT #3	Signature RILL R KEATELY	SR REGULATO	ORY SPEC	∥ By_			•	NOT #			
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10-25-93 915-686-5424 INTE				Tale							
Date Telephone No.			5424	Title							

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.