Submit 5 Copies 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 Buttom of Page

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OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS	DISTRICT III (XXX) R10 Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAE	LE AND AUTHORIZ	ATION	1				
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Content of operator give name and address of previous operator of the address of previous operator	· (7	Casinghead Gas	Condensate X							
Lizes Name I. ELLIOTT H 1	change of operator give name					 				
Location E	Lease Name	Well No.			Conta T		Les	ise No.		
Section 13 Township 29N Range 9W NMPM, SAN JUAN Country	E	1430	Feet From The	FNL Line and79	0F∞c	t From The	FWL	Line		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Date of Tauspierer of Oil Or Condensate X Address (Give adubtes to which approved copy of this form is to be sent) Address (Give adubtes to which approved copy of this form is to be sent) SSAS SAST 30TH STREET, FARMINGTON, CO 87401 Address (Give adubtes to which approved copy of this form is to be sent) SSAS SAST 30TH STREET, FARMINGTON, CO 87401 Address (Give adubtes to which approved copy of this form is to be sent) P.O. DON 1492, EL PASO, TX 79978 Twel produces of oir flequid. P.O. DON 1492, EL PASO, TX 79978 P.O. DON 1492,	13	29N	ดพ	, NMPM,	SAN	JUAN		County		
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If well produces on lot biquid, your least of the producing of the same of pool, give comminging order number: If this production is commingful with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Reav Diff Reav Date Spadded Date Completion - (X) Date Completion - (X) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Caring Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING 8 TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (I est must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Rus To Tank Date of Test Length of Test Length of Test Actual Prod. During Test Oil - Ublis. CAS WELL Actual Prod. During Test Oil - Ublis. CAS WELL Actual Prod. During Test Oil - Ublis. Oil - Ublis. Oil - Ublis. Oil - Ublis. Date Approved Biblis. Condensation MACT Oil CONSERVATION DIVISION JUL 11 1990 Date Approved By SUPERVISOR DISTRICT #3 Title Title	Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	head Gas MPANY	or Dry Gas X					u) 		
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July 5, 1990 303-830-4280		f Admin. Sup	ervisor Tide		SU	PERVISOR	DISTR	ICT #3		
	July 5, 1990	303	-830-4280	11119		,				

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.