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 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

l .	TO TRA	NSPORT OIL	AND NATURAL GA	\S_	
Operator			Well A	1PINO. 1-645 27531	
Address	duction	Co.	0.5	100	V-12 61201
10 Box 80	oo, Den	ver, Co	. 80Q01		
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:	Other (Please expla	un)	
ecompletion Oil Dry Gas					
Change in Operator	Casinghead Gas	Condensate			
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL	AND LEASE				
Lease Name - LUYANCE I	Well No.	Pool Name, Including Basin Fr	ng Formation Citiand Cival G		of Lease No. Federal or Fee SF-C79511A
Location Unit Letter	: 1420'	Feet From The	5 Line and 16:	30' For	et From TheLine
Section C Township	<u>, 30N</u>	Range 8 U) , NMPM, S	an J	L(A) County
HE DECICNATION OF TRAN	SPORTER OF O	II. AND NATUI	RAL GAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil					
Name of Authorized Transporter of Casinghead Gas or Dry Gas \(\sum_{100}\) \(\sum			Address (Give address to which approved copy of this form is to be sent) 1.0. PX 800, DCNVC1, CO 80001		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	7
If this production is commingled with that	from any other lease or	pool, give commingl	ing order number:		
IV. COMPLETION DATA	Oil Wel	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion		X	i	<u>i </u>	<u>iii</u>
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.
13 2 E	Name of Producing Pormation		Top Oil/Gas Pay		Tubing Depth
Elevations (DF, RKB) RT, GR, etc.)	1 4 -	and Coal	3 138		3/26
Perforations	1 1 1	: (212	01 2217		Depth Casing Shoe
Open lule Co	MPRHONO TUBING	CASING AND	CEMENTING RECOR	<u>/</u>	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET.		SACKS CEMENT
13 71 "	95	पर्वहण			300 SX (1 P3
2,3/1"	7 11		31291		107) 6x (1 B/ai
	- 2	2/8	2/20	ž	IVC SX CI DE
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE .			
		e of load oil and musi	Producing Method (Flow, p	lowable for the	is depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test		0) 5 6 6 6		
Length of Test	Tubing Pressure		Casing Pressure		Choldite MAY1 0 1991
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		OIL CON. DIV.
GAS WELL	<u></u>				DIST. 3
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate
1366	Tubing Pressure (Sh	ut in	Casing Pressure (Shut-in)		Choke Size
Testing Method (pitot, back pr.)	297		423		
VI. OPERATOR CERTIFIC	IPLIANCE	OH CONCEDIATION DIVISION			
I hereby certify that the rules and regu	ervation	OIL CONSERVATION DIVISION			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Deta Approved - 9/ MAY 0 1 1991		
1/1/1/1/		Date Approved			
Santure State of the State of t			By S		
Printed Name Printed Name Title					SUPERVISOR DISTRICT #3
1130[1]	(303)830 T	elephone No.	11110		

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.