Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUESTED ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Development, Inc.

Address: [illegible] Houston, Texas 77001

Reason for filing: Improperly filed, Abandoned

Transporter of Oil: [illegible]

Transporter of Casinghead Gas or Dry Gas: [illegible]

Casinghead Gas: [illegible]

Dry Gas: [illegible]

Condensate: [illegible]

Other (Please explain): [illegible]

Change of operator: [illegible] x [illegible] Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name: [illegible]

Well No.: [illegible]

Pool Name, Including Formation: [illegible]

Kind of Lease: State, Federal or Fee: [illegible]

Lease No.: [illegible]

Unit Letter: [illegible] Feet From The: [illegible] Line and: [illegible] Feet From The: [illegible] Line

Section: [illegible] Township: [illegible] Range: [illegible]

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: [illegible]

Address (Give address to which approved copy of this form is to be sent): Box 1207 Farmington, New Mexico 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas: [illegible]

Address (Give address to which approved copy of this form is to be sent): [illegible]

If well produces oil or liquids, give location of tanks: [illegible]

If this production is commingled with that from any other lease or pool, give commingling order number: [illegible]

Unit: [illegible] Sec.: [illegible] Twp.: [illegible] Rge.: [illegible]

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	[illegible]							

Date Spudded: [illegible] Date Compl. Ready to Prod.: [illegible] Total Depth: [illegible] P.B.T.D.: [illegible]

Elevations (DF, RKB, RT, GR, etc.): [illegible] Name of Producing Formation: [illegible] Top Oil/Gas Pay: [illegible] Tubing Depth: [illegible]

Perforations: [illegible] Depth Casing Shoe: [illegible]

TUBING, CASING, AND CEMENTING RECORD

Casing & Tubing Size	Depth Set	Sacks Cement

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test 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 Run To Tanks: [illegible] Length of Test: [illegible]

Oil Wells: Gravity of Condensate: [illegible] Choke Size: [illegible]

Casing Pressure: [illegible] Tubing Pressure: [illegible]

Actual Prod. During Test: [illegible] Water - Bbls.: [illegible]

Gas Wells: Actual Prod. Test - MCF/D: [illegible] Length of Test: [illegible]

Bbls. Condensate/MMCF: [illegible] Gravity of Condensate: [illegible]

Testing Method (pitot, back pr.): [illegible] Casing Pressure (Shut-in): [illegible] Choke Size: [illegible]

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: [illegible]

Name: [illegible]

Title: [illegible]

Date: [illegible]

OIL CONSERVATION DIVISION

APPROVED: _____ 19 ____

BY: _____

TITLE: _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill only Sections I, II, III, and VI for changes of operator, well name, or number, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.