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, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

DISTRICT III

1000 Kio Brazos Ka., Aziec, NM 8/410				ABLE AND						
I. Operator		IO IRAI	NSPORT	OIL AND N	ATURAL G		API No.	·		
C. M. Paul										
Address c/o P.O. BOX 420, Far	minaton	. NM 8	37499							
Reason(s) for Filing (Check proper box)	mingcon	3 1411	37433		ther (Please exp	olain)				
New Well	Oil		Fransporter of:  Dry Gas	7		Ett	otivo 2	01 07		
Recompletion	 				ective 2-1-87 er No. R-8387					
If change of operator give name ()k]a	2580, Da	llas, TX								
and address of previous operator	437D F.E.4		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		···········	<del></del>	
II. DESCRIPTION OF WELL Lease Name	luding Formation	ing Formation Kind c			of Lease No.					
Nickles	1 Basin Da			-	Clate			Federal or Fee NM 024907		
Location						٠.				
Unit LetterK	_ :1	450	Feet From The	South L	ine and17	'30 Fe	et From The	West	Line	
Section 11 Township	3W1	, NMPM, San Ji			uan County					
III. DESIGNATION OF TRAN	SPORTE	R OF OU	I. AND NAT	TIRAL GAS						
Name of Authorized Transporter of Oil		or Condens			ive address to v	which approved	copy of this j	form is to be se	ent)	
Permian Corp. (no change)					P.O. Box 1702, Farmings Address (Give address to which approved					
Name of Authorized Transporter of Casing Fl Paso Natural Gas Co		(no cha	or Dry Gas []	-	ive address to v 30x 1492 .				ini)	
If well produces oil or liquids,	Unit			ge. Is gas actua	lly connected?			770		
give location of tanks.	K				res 	1				
If this production is commingled with that f  IV. COMPLETION DATA	from any othe	er lease or po	ool, give comm	ingling order nur	nber:					
		Oil Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>l</u>	<u>_i</u>	1	<u></u>		ļ <u> </u>	1		
Date Spudded	Date Compl	l. Ready to I	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
	าา	UPING (	CASING AN	TO CEMENT	ING PECO	PD	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			ID CEIVILLIA I	DEPTH SET			SACKS CEMENT		
		<del></del>			<u> </u>		<del> </del>			
		<del></del>					<u> </u>			
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		fload oil and m		or exceed top all Method (Flow, p			for full 24 hou	rs.)	
THE PIPE PREW ON KILL TO TAME	Date of 1ear			, loaning .	icano (r ion, p	,				
Length of Test	Tubing Pres	SIR.		Casing Pres	ente		Choke Size		A STATE OF THE STA	
Actual Prod. During Test	Total Control Control			Water - Rhi	Water - Bbla			<del>ार हर । <b>र</b>ाक्</del>	<000	
Veries Lion During 1eer	Oil - Bbls.				<del>-</del>				1.00	
GAS WELL									J. DIV.	
Actual Prod. Test - MCF/D	Length of To	esi		Bbls. Conde	and MMCF		Gravity of	Condensate :	Ţ.	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
M Owen a mon General	A TITE COT	~~·	TANCE	<del></del>			L			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation					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.				Dat	Date Approved					
1 S.A. Wuga					Original Stand Say ELLE SILE T CHAUSE					
Signature				∏ By.	By Original Signed by FRANK T. CHAVEZ					
Thomas A. Dugan, Agent for Executors of Printed Name 6-1-89 C.M. Paul Estate Tale 325-1821				Title	· 	****	· · · · · · · · · · · · · · · · · · ·	· Jager		
Dute	•		hone 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.