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, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	ANSP	ORT OIL	AND NA	TURAL GA					
perator R – J ENTER			VPI No. 4 E 1 1 O E 20 C								
Address 313 NORTH			1300	451106200	7 31						
FARMINGTO	NNM	8740	1				 			· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil		Dry G	as 🔲	[] Oth	ct (Please expla	iin)				
Change in Operator X	Casinghe		Conde						 		
change of operator give name nd address of previous operator BHP	PETROI	EUM !	5847	SAN F	ELIPE	HOUSTON	1, TX	77057			
I. DESCRIPTION OF WELL	AND LE		[D. 13]		- 5		N	of Lease	Lass	c Na	
Lease Name NAVAJO "U"	Well No. Pool Name, Includ							Federal control			
Location Unit LetterI	2,3	(10				and 330	Fc	et From The	ast	Line	
Seating 5 Towns	21N - 17U					·					
Section 5 Towns	mp JIN	· · · · · · · · · · · · · · · · · · ·	Kango			<u> </u>					
II. DESIGNATION OF TRA				ID NATU	RAL GAS	e aldreer to wh	ich approved	conv of this form	is to be sent	<u> </u>	
Name of Authorized Transporter of Oil XX or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256 FARMINGTON, N M 87401					
GIANT REFINERIES Name of Authorized Transporter of Cas	Gas	Address (Give address to which approved copy of this form is to be sent)									
	111	e	175	Das	le gas actuall	v connected?	When	?			
If well produces oil or liquids, jive location of tanks.	the standard to the standard t				TE REE SCHOOL	, comiccion		. •			
this production is commingled with the	it from any ot	her lease of			ing order num	per:				· · · · · · · · · · · · · · · · · · ·	
V. COMPLETION DATA					· · · · · · · · · · · · · · · · · · ·	1	ı — — — — — — — — — — — — — — — — — — —	[N	Parks	NOT Party	
Designate Type of Completio	n - (X)	Oil We		Gas Well	New Well	Workover	Deepen 	Plug Back San	ne Resiv	Dill Res'v	
Date Spudded		ipl. Ready I	I lo Prod.		Total Depth	l	<u> </u>	P.B.T.D.		,,	
•					Top Oil/Gas Pay						
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Omoas ray			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
					00145100	Na praon		<u> </u>		•	
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE		ionio a i	Oblito	O.L.C							
					<u> </u>			_			
	_										
V. TEST DATA AND REQU	EST FOR	ALLO	ABLE	Ξ ,	<u> </u>				_ 		
OIL WELL (Test must be after	r recovery of	total volum	e of load	oil and mus	be equal to or	exceed top allow, pu	owable for the	is depth or be for f	ul 24 hours	.)	
Date First New Oil Run To Tank	Date of 1	Date of Test				Calcul (1710W) p.s.	•		₹ 7		
Length of Test	Tubing P	Tubing Pressure				N			Choke Sile		
Actual Prod. During Test Oil - Bbls.					Water - Bbli	•	JUN	7 4990 F			
					1	0	IL CO	N. DIV.	· · · · · · · · · · · · · · · · · · ·		
GAS WELL Actual Frod, Test - MCF/D Length of Test						nsale/MMCF		/	Gavity of Condensate		
ricular 1100, 1681 - ITICITO									e o		
l'esting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF				NCE			USERV	ATION DI	NISIO	N	
I hereby certify that the rules and re Division have been complied with a				VC			10LILV	, , , i O N D			
is true and complete to the best of my knowledge and belief.					Date Approved JUN 1 3 1990						
p 1 27A TENNNIC	EC							A			
R-J ENTERPRISES Signature					∥ Ву_	By 3.1) d.					
Printed Name RILEY S. HILL					TitleSUPERVISOR DISTRICT #3						
1) de	(505)	225 2	clephon	e No.							
6/6/90	(505)	325-2	412	a war a franciscopologic	mid the combined					Till John	

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. Col out only Sections I. II, III, and VI for changes of operator, well name or number, transporter or other such changes.
- a) Separate Form C-104 must be filed for each pool in multiply completed wells.

