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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 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

								API No. 0-025-0800 <del>3</del>			
Address 120 BIRMINGHAM D	R., SUI	TE 21	.0, 0	CARDIFF,							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghea		Dry (	sporter of:  Gas   densate	Oth	et (Please expla	2in)				
If change of operator give name and address of previous operator TE	XACO IN	IC., F	٠.٥.	BOX 728	. HOBBS,	NM 882	40				
II. DESCRIPTION OF WELL	AND LEA		<del></del>						<del></del>		
Lease NameNEW MEXICO "B# STATE NCT-1		Well No.	- 1	Name, Includ				of Lease Lease No. Federal or Fee			
Location Unit Letter ——————————————————————————————————	: <del>19</del> 8	0660	_ Feet	From The	N Lin	e and <u>198</u>	<u>0</u> Fe	et From The	W	Line	
Section 11 Townshi	p 129	S	Rang	<u>se 32E</u>	, N!	MPM, <u>L</u> .F.	A			County	
III. DESIGNATION OF TRAN	SPORTE	R OF C		ND NATU		<del> </del>			<del></del>	<del>-</del>	
Name of Authorized Transporter of Oil TEXAS NEW MEXICO		Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas  WARREN PETROLEUM					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge				Is gas actually connected? When						
If this production is commingled with that	$\frac{1 \text{ NW}/41}{\text{from any oth}}$	er lease of	. <u>  1] 2</u> r pool, s	22 give comming	YES			_8/1/84 PC-555			
IV. COMPLETION DATA											
Designate Type of Completion		Oil We		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Spudded Date Compl. Ready to Prod.				Total Depth		P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	ng Shoe		
10.5 0.75	·				CEMENTI	NG RECOR	D		SACKS CEMI	ENIT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMIENT		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E						and the second second second	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		e of load	d oil and must	·	exceed top allo			for full 24 hou	rs.)	
Length of Test	Tubing Pressure				Casing Pressa	1P		Choke Size			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Watti - Dola.						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul  Division have been complied with and	ations of the that the infor	Oil Conse	ervation		1	DIL CON			_		
is true and complete to the best of my,	, ,	nd belief.			Date	Approve	d	1 1	2,2		
Signature Kein Ke					∥ By_	10 h 40	State of the		• <b>9</b> 6%	···	
REINER KLAWITER, Printed Name 12/7/90 (619	PRESIC ) 843-8		Title								
Date (013	, 045 0		lephone	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.