Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

I.

Operator

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

30-025-08009

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

RWK RESOURCESINC.								023-00	<u> </u>		
Address		DDIEE		A 9200	17						
1735 WESTMINSTER I	DR. CA	RDIFF	, CF	1 9200	Othe	r (Please explai	n)				
Reason(s) for Filing (Check proper box)		Change in	Tranco	orter of:	<u></u>	. (• • • • • •	•				
New Well	Oil	Change in	Dry G	1 1							
Recompletion	Casinghe	ad Gas	Conde								
Change in Operator XX			<u> </u>		- 500		NIM 0.0	240			
change of operator give name and address of previous operator	PEXACO	INC.	, P.	O. BO	728,	HOBBS,	NM 88	1240			
I. DESCRIPTION OF WELL	AND LE	ASE				7 A	M. Vinda	of I assa		Lease No.	
Lease Name State NCT-1 Well No. Pool Name, Includi NM "BB" NO. 2 CAPROCK						P, EAST	State	Federal or Federal			
Location	66	s n			s	e and 1984	· -	et From The	W	Line	
Unit Letter N					e and						
Section 11 Township 12S Range 32E					, NMPM, LEA			County			
II. DESIGNATION OF TRAI	NSPORT!	ER OF C	IL A	ND NATU	RAL GAS		1 de	spas	al C	well,	
Name of Authorized Transporter of Oil	į X]	or Conde	nsale		Address (Giv	e address to wh	ich approved	copy of this f	orm is 10 de	seru)	
TEXAS NEW MEXICO		INE			<u> </u>				in an ha		
Name of Authorized Transporter of Casin	ighead Gas	X	or Dr	y Gas 🗔	Address (Giv	ve address to wh	ich approved	copy of thus f	orm is to be	sem)	
W arren Pe t					le gas actually connected? When			2			
If well produces oil or liquids,	Unit	Unit Sec.		Rge.	Is gas actually connected?		I wien				
give location of tanks.		1 11 1 121 32			Yes PC-55			<u> 8-1-84 </u>			
f this production is commingled with that V. COMPLETION DATA	from any o	ther lease of	r pool, g	ave comming	ling Older norn		10.5				
Designate Type of Completion		Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npl. Ready t	to Prod.		Total Depth	<u></u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
											Perforations
						DEGOD		<u> </u>			
	TUBING, CASING AND								SACKS CEMENT		
HOLE SIZE CASING & TUBING S				SIZE	DEPTH SET			SAORO CEMENT			
					<u> </u>						
					 			 			
THE PROPERTY AND DECIMAL	POR FOR	ALLOW	VARI	r –							
V. TEST DATA AND REQUI	SIFUR	. ALLUY	a of los	is d oil and mus	n he equal to o	r exceed top allo	owable for th	is depth or be	for full 24 h	ours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
						Casing Pressure			Choke Size		
Length of Test	i ubing i	Tubing Pressure									
Actual Prod. During Test	Oil - Bb	Oil - Bbls.				Water - Bbls.			Gas- MCF		
CACWELL											
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
		_							Choke Size		
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE	JE COM	(PI IA	NCF	1			.ATION	DIVIC	ION!	
1 hereby certify that the rules and reg	UMIEC Inlations of t	the Oil Con	servation	11 TOD		OIL CON	NSERV			ION	
l hereby certify that the rules and rep Division have been complied with an is true and complete to the best of m	nd that the in	nformation g	given abo	ove	Det	e Approve	\d	S. E. E. S.			
					Dat	e whblove	;u				
Lein Llain					Bv	i sege	* *· *.	:		n; 1	
Signature		D.	0016	lant	11						
Reiner Klawiter	6	19/94	3 - 8	48	Title	e		 -			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 3) Fill 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.