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

State of New Mexico Energy, Minerals and Natural Resources Departmen.

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTR	ANSPORT OIL	AND NATURAL GAS					
Operator	. Cox 30-025-30124							
John L. Cox				30-	-025-30124		·	
P.O. Box 2217, Mi	dland, Texas	79702						
Reason(s) for Filing (Check proper box)		· 	Other (Please explain)				
New Well	· -	in Transporter of:						
Recompletion	Oil L	☐ Dry Gas ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Effective Octo	her 1.	1993			
Change in Operator f change of operator give name Δm.	Casinghead Gas		· · · · · · · · · · · · · · · · · · ·					
nd address of previous operator Am	erina Uil Cor	npany Limited	l Partnership, 415		Tx 79701	500		
II. DESCRIPTION OF WELL	AND LEASE			i i a i i u	73701			
Lease Name	Well No				of Lease No. Federal or FeeF		ase No.	
Meyers	3	Shipp S	otrawn		TOWNER OF FEE			
Location Unit LetterN	:330	Feet From The	South Line and 1980	Fe	et From The	est	Line	
Section 33 Towns	hip 16S	Range 37E	, NMPM, Lea				County	
II. DESIGNATION OF TRA	NSPORTER OF	OIL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	OF Conc		Address (Give address to which			is to be set	п)	
Texas-New Mexico		2528 Hobbs, NM 88240						
Name of Authorized Transporter of Casi GPM Gas Corporation		or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa TX 79762					
If well produces oil or liquids,	The state of the s				When?			
give location of tanks.	N 33	16S 37E	Yes		1/13/88			
f this production is commingled with the V. COMPLETION DATA			·					
Designate Type of Completio		i	New Well Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to 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						
	TIRIN	G CASING AND	CEMENTING RECORD	<u> </u>				
HOLE SIZE		TUBING SIZE	DEPTH SET		SACKS CEMENT			
71012 0122								
							·	
V. TEST DATA AND REQU	FST FOR ALLO	WABLE						
			be equal to or exceed top allow	vable for th	is depth or be for f	iuli 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure		Choke Size			
Length of Test	Tubing Pressure		County I Icoonic		S.IJAV UIDV			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL		L M1-2						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (S	ihut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIF			OII CON	SEDV	'ATION DI	וופור)N	
I hereby certify that the rules and re			OIL COIN	_) I V	
Division have been complied with a is true and complete to the best of n			Date Approved	ı t	CT 1 4 199	3		
mark Thus	Even							
Signature MARTHA WITTENBACH, PRODN. ACCTNG. MGR.			By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name October 1, 1993		Title 682-9435	Title					
Date		Telephone 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.