Form C-104
Revised 1-1-89
See Instructions
on Back of Form

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator | Well API No.

Address

Reason for Filing | Other (Please explain)

Recompletion | Change in Transporter of: Oil | Dry Gas | Casinghead Gas | Condensate

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease: State, Federal or Fee | Lease No.

Location: Unit Letter | Feet From The | Line and | Feet From The | Line

Section | Township | Range | NMPM, | County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil | Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas | 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 from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv.

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.)

Length of Test | Tubing Pressure | Casing Pressure | Choke Size

Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate

Testing Method (pitot, back pressure, etc.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature | Printed Name | Title

Date

Phone No.

OIL CONSERVATION DIVISION

Date Approved MAR 29 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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

1) Requests for allowable for newly drilled or deepened wells 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.