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

State of New Mexico E....gy, Minerals and Natural Resources Departmen.

Form C-104 Revised 1-1-89 See Instruction at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRA	NSP	ORT OIL	AND NA	TURAL GA	S Walk	DI No			
Operator								025 11231			
Address	-										
P. O. Box 730 Hobbs, Nev	w Mexico	88240	0-252	8	X Oth	x (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion Oil Dry Gas											
Change in Operator	Casinghead	Gas 🗌	Conde	nsate 🗌							
If change of operator give name and address of previous operator Texas	co Inc.	P. 0.	Box	730 H	obbs, Nev	v Mexico_	<u>88240-25</u>	28			
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includi								Lease Lease No. 203590			
Location Unit Letter B	it Letter B 660 Feet From The NORTH Line and 1980 Feet From The EAST Line										
26	046 . 275							LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil											
Texas New Mexico Pipeline	 				i	670 Broad					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas E Paso Natural Gas Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
well produces oil or liquids, Unit		Sec. Twp.		Rge.		ctually connected?		?	I CALONA (AL	NOMAN	
give location of tanks.	B	26	245			YES		UN	KNOWN		
If this production is commingled with that: IV. COMPLETION DATA	from any out	er jerbe of	poor, g	Ae COHRITUR	tuß otges warn						
	~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Comp	. Ready to	o Prod.		Total Depth	I	L	P.B.T.D.	1		
Dati Spans											
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u>-4</u>							Depth Casin	ng Shoe		
		IBING	CAS	NG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
										 	
						,		-			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	2	1						
OIL WELL (Test must be after t	Date of Tes	tal volume	of load	oil and mus	be equal to o	exceed top all	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Rhie				Water - Bbls.			Gas- MCF		
Actual Float During Test	On - Boile										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Province Markad foliat back and	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.) (Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC				NCE			JSERV	ATION	DIVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedJUN 0 3 1991						
7/m.miller						ORIGINA	3 i miassis				
Signature K. M. Miller Div. Opers. Engr.					By ORIGINAL CHARLES BY SEXTON						
Printed Name Title					Title)			民 	·· ·	
May 7, 1991			-688- dephone								
Date .		16									

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.