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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

Santa Fe, New Mexico 87504-2088

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If well productes di or liquids, but loss and the production is commingled with that from any other lease or pool, give commingled or the production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Dill Well Gas Well New Well Workover Deepen Piug Back Same Res V Dill Res V Diaze Speakded Date Compl. Ready to Prod. Total Deepth P.B.T.D. Idvations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tobing Deepth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE. II. WELL (Iter must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) TEST DATA AND REQUEST FOR ALLOWABLE. III. WELL (Iter must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) The First New Oil Run To Task Date of Test Date of Test Froducing Method (Flow, pump, gas lift, etc.) Choke Size ctual Prod. Test - MCF/D Length of Test Biblis. Condensate/MMCF Gravity of Condensate Sing Method (putor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) OCT 2 5 1989 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title Title Title	El Paso Natural Gas	ghead Gas	or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)					
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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
- $\sqrt{2}$) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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 walls.

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RECEIVED

JUN 29 1989

DOD MORES OFFICE