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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 D ALLOWARIE AND ALITHORIZATION

Unit Letter  Section 14 Township 9-S Range 29-E , NMPM, Chaves County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil of or Condentate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas 3 Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas 3 Address (Give address to which approved copy of this form is to be sent)  Warren Petroleum  If well produces oil or liquids, Unit Sec. 14 9-S 29-E Yes 9-24-82  If well produces oil or liquids, Unit Sec. 14 9-S 29-E Yes 9-24-82  When 7 yes location of tasks.  V. COMPLETION DATA  Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff Res  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Date Spudded Date Completion - (X) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS GEMENT Feed TD-3  If *29-73 Adaptive Producing Pressure Casing Pressure Choice Size  TUBING Crassing Pressure Casing Pressure Choice Size  Casing Pressure Choice Size  Gas WELL  Actual Prod. Test. — Girs view of Condensate MMCF Cravity of Condensate  Choice Size  Gas WELL  Adams Pred. Test. — Choice Size  Tubing Pressure (Shut-in) Casing Pressure (Shut-in)  Tubing Pressure (Shut-in)	_	HEQU	JES1 FC	NCDODT OI	SLE AND AC		ZATION			1	
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and additional of previous operation.  DESCRIPTION OF WELL AND LEASE  Lase Name O'Brien "A"  Well Na. Pool Name, localiding Formation Lost Lake Strawn.  State, Federal or Fee Leave Na.  State, Federal or Fee Leave Na.  State, Federal or Fee Leave Na.  Section 14 Towns in 9-S Range 29-B NATM. Chaves  County  The DESIGNATION OF TRANSPORTER OF OIL AND NATURAL, GAS.  Name of Authoritied Transporter of Chainghead Gas or Day Gas.  Name of Authoritied Transporter of Chainghead Gas or Day Gas.  Name of Authoritied Transporter of Chainghead Gas or Day Gas.  Name of Authoritied Transporter of Chainghead Gas or Day Gas.  Name of Authoritied Transporter of Chainghead Gas.  Or Day Gas.  National Control of Transporter of Chainghead Gas.  Or Day Gas.  National Control of Chainghead Gas.  National Control of Chainghead Gas.  National Control of Chainghead Gas.  Or Day Or Gas.  National Control of Chainghead Gas.  Or Day Or Gas.  National Control of Chainghead Gas.  Or Day Of Control of Chainghead Gas.  National Ch											
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Section 14 Tourns 9-S Rasse 29-B NMPM, Chaves Country  MEDESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghead Oas	Location										
Section 14 Townsize 9-5 Range 29-E NMFM, Chaves Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensite Address (Give address to which approved copy of this form is to be sens)  Name of Authorized Transporter of Cashghead Oas or Dry Gas S Address (Give address to which approved copy of this form is to be sens)  Name of Authorized Transporter of Cashghead Oas or Dry Gas S Address (Give address to which approved copy of this form is to be sens)  Name of Authorized Transporter of Cashghead Oas or Dry Gas S S Address (Give address to which approved copy of this form is to be sens)  Tules a., OK. 7 4102  Water Coll of Indick,  Very large of Cashghead Oas Oas of Dry Gas S S S S S S S S S S S S S S S S S S S	Unit Letter B		1980'	Feet From The	East Line at	nd <u>66</u>	0 F	et From The <u>N</u>	<u>orth</u>	Line	
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Name of Authorized Transporter of Chilliphead Gas	Section 1000 (Car.)	P				<u> </u>					
Name of Authorized Transporter of Calinghead Gas	II. DESIGNATION OF TRAN	ISPORTE			RAL GAS			Land Artist	la ta be a sel	<del></del> -	
Walfen Petroleum   Walfen Petroleum   Walfen Potace of or liquide,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   Yes   9-24-82	Name of Authorized Transporter of Oil		or Condens	iale	Address (Give a	ddress to wh	ich approved	copy of this form	is to be sent)		
Walten Petroleum    Walter   Petroleum   Walter   Petroleum   Walter   Petroleum   Petrole				D C 5	Addman /Cim =	ddrene toL	ich anarmed	come of this form	is to be sent)		
If well production it unitarities.  If this production it commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff Res  Designate Type of Completion. OX  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff Res  Date Spudded  Date Compl. Ready to Prod.  Total Depth P.B.T.D.  The Date Spudded Date Completion of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  For T.D. 3  14 - 2 9 - 9 3  14 - 2 9 - 9 3  14 - 2 9 - 9 3  14 - 2 9 - 9 3  15 - 2 9 - 9 3  16 - 2 9 - 9 3  17 - TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL (Test 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.)  Date First New Oil Run To Task Date of Test  Tubing Pressure  Casing Pressure  Choice Size  Gas WELL  Actual Prod. During Test  Oil - Bbis.  Gas WELL  Actual Prod. During Test  Oil - Bbis.  Gas WELL  Actual Prod. During Test  Oil - Bbis.  Gas WELL  Actual Prod. During Test  Oil - Bbis.  Gas WELL  Actual Prod. During Test  Oil - Bbis.  Oil CONSERVATION DIVISION  Date First New Oil must be set of my serrowedge and belief.  Date Approved  By Stream (Shut-in)  Oil CONSERVATION DIVISION  Date Approved  By Stream (Shut-in)  Date Approved  By Stream (Shut-in)  Title	Name of Authorized Transporter of Casin Warren Petroleum										
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By	I hereby certify that the rules and regul		OIL CONSERVATION DIVISION								
Date Approved    Date Approved	Division have been complied with and	that the info	rmation give:	n above	DOT 1 5 1993						
Signature  Signature  Signature  Printed Name  (505) 625-0204  By GRIGHAL SIGNED BY  STORY OF THE STRICT!!  Title  Title  Title  Title  Title  Title	is true and complete to the best of my	enowledge a	nd belief.		Date A	pproved	d b	**************************************			
Signature  Printed Name  Printed Name  (505) 625-0204  By ORIGINAL SIGNED BY  STREET OF LEAST OF CONTROL OF STREET IN  Title  Title  Title  Title  Title					4:						
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Printed Name    D   1   93 (505) 625-0209   Title   Ti	Signature	60	Dir	sident-							
10/1/93 (505) 625-0204		<u> </u>			Title SUBSERVISIOR, DISTRICT !!						
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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 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.