Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT III

ALDMA BIANCA W O. ROX 6261	JIHANSPU	ILJI I HIL N	NID NIATI	JTHORIZ JRAL GAS	S				
ALDMA BIANCA W drss O. Rox 6261		'NT UIL A	IND INNI	Jime Giri	Wall रहा	No.			
(0, Rox 6261	E11 ST	EPO2(E, I	اد ۷	130	-005	T- 60C	0610	
CON COL	Kosu	ELL	DIF	r 8	8200	2-62	-61		
ison(s) for Filing (Check proper box)			Other	(Please explai	n) `				
v #eu 🗀	hange in Transport Dry Gas	1 1			6-1-	93			
completion	F				0 '				
arge in operator	Oic \$ 6		PORATI	~^\					
address of previous operator		Con		<u> </u>					
DESCRIPTION OF WELL AND LEAS	SE	me, Including	Formation		Kind of	Lease	I _e	ist No.	
rie Larme		ollse Y		A	State, Fe	deral of Fee	N/	/ /	
ELIZABETH L			,				, , ,		
Unit Letter D : 33	O Feet Fre	om The Ni	R TO Line	and _330	D Feet	From The	~c27	Line	
7	Range	29	E ,NN	IPM.	CHA	u ES		County	
Section / Township) Kange		<u></u>						
. DESIGNATION OF TRANSPORTER	OF OIL AN	D NATUR	AL GAS		nich approved c	ony of this fo	rm it to be se	nt)	
ime of Authorized Transporter of Oil	or Condensate		Address (Give	address to wi	uch approved c	ору ој та јо	7/11 B 20 00 30	/	
or Dry Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)						
ime of Authorized Transporter of Casinghead Gas									
well produces oil or liquids, Unit	Sec. Twp.	Rge.	is gas actually	connected?	When 1				
e location of tanks. his production is commingled with that from any other	er lease or pool, gi	ve commingli	ng order num	er:					
COMPLETION DATA	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						10 0000	bin Barin	
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	J. Bandy to Prod		Total Depth	l	_ll	P.B.T.D.	1	_1	
ate Spudded Date Comp	Date Compl. Ready to Prod.								
evations (DF, RKB, RT, GR, etc.) Name of P	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
	adulis (D) , (Ma) (M) and						Depth Casing Shoe		
rforations									
	TUBING, CAS	ING AND	CEMENTI	NG RECO	RD				
HOLE SIZE CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT POST IN-3		
							6-350	0.0	
						 	the t	R	
		<u> </u>	 				0/		
. TEST DATA AND REQUEST FOR A	ALLOWABLI	E					7 CH 24 h	1	
IL WELL (Test must be after recovery of t	otal volume of load	d oil and musi	be equal to a	r exceed top a	llowable for thi pwnp, zas lift,	is depth or be	for Juli 24 no	w 3.)	
Date First New Oil Run To Tank Date of To	est		Producing n	reutos (110m)	p.p./p, g.sy.,	,			
Length of Test Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size		
Deulitu or Lear	Tuoning Freedom			***			Gas- MCF		
Actual Prod. During Test Oil - Bbls	Oil - Bbls.		Water - Bbi	Water - Bbls.					
			Bbls. Cond	enrate/MMCF		Gravity of	Condensate		
GAS WELL	77.0	Length of Test		Bulk. Condemnation					
	Test		1			1			
Actual Prod. Test - MCF/D Length o	Test ressure (Shut-in)		Casing Pre	ssure (Shut-in)		Choke Siz	<u>te</u>		
Actual Prod. Test - MCF/D Length of Testing Method (pilot, back pr.) Tubing P	ressure (Shut-in)		Casing Pre	ssure (Shut-in)		Choke Siz	že		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) Tubing P VI. OPERATOR CERTIFICATE O	ressure (Shut-in)	ANCE	Casing Pre					ION	
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE O	ressure (Shulin) FCOMPLIA	n	Casing Pre		NSERV	/ATION	I DIVIS	ION	
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE O I hereby certify that the rules and regulations of the Division have been compiled with and that the in-	ressure (Shulin) F COMPLIA ne Oil Conservation formation given ab	n		OIL CC)NSERV	/ATION		ION	
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) Tubing P VI. OPERATOR CERTIFICATE O	ressure (Shulin) F COMPLIA ne Oil Conservation formation given ab	n)NSERV	/ATION	I DIVIS	ION	
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Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE O I hereby certify that the rules and regulations of the Division have been complied with and that the integral is true and complete to the best of my knowledge	F COMPLIA The Oil Conservation Formation given ab and belief.	Pres,	Da	OIL CC)NSERV	/ATION JUN 1 GNED BY	1 DIVIS 7 1993	ION	
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Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE O I hereby certify that the rules and regulations of the Division have been complied with and that the integral is true and complete to the best of my knowledge	F COMPLI/ The Oil Conservation formation given ab and belief.	Pres, RESIDENT 1e 7-5409	Da	OIL CC	ONSERV ved	/ATION JUN 1 GNED BY MS	1 DIVIS 7 1993	ION	

- 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.