		-		-158	
ubmit 5 Copies Appropriate District Office USTRICT 4		New Mexico Iatural Resources Department	RECEIVED	Form C-104 Revised 1-1-89	
O. Box 1981 Hobbs, NM 88240		ATION DIVISION	007 3 180	See Instructions frage	
O. Drawer ID Artesia, NM 88210	Santa Fe, New	Box 2088 Mexico 87504-2088	OCT -2 '89		
000 Rio Brazis Rd., Azec, NM 87410	REQUEST FOR ALLOW	ABLE AND AUTHORIZA DIL AND NATURAL GAS	O <u>, C</u> , D. TI RNE SIA, Officé		
pennor Valter Explorat			Well API No.		
ddress 6116 N. Central	Expressway, Suite 313,	Dallas, Texas 752	 D6		
w Well	Change in Transporter of:	Other (Please explain) Effective	DATE		
accompletion hange in Operator	Oil Dry Gas Casinghead Gas Condensate]	-1-89		
change of operator give name d address of previous operatorEP	Operating Company, P.			4	
DESCRIPTION OF WELL			· · · · · · · · · · · · · · · · · · ·		
J. G. O'Brien		lkins Fusselman	Kind of Lease State, Federal of Fee	Lease No.	
Unit LetterE		North Line and 660	Feet From The	West Line	
Section 31 Townsh				County	
I. DESIGNATION OF TRAN	NSPORTER OF OIL AND NAT			County	
ime of Authorized Transporter of Oil	KX or Condensate	Address (Give address to which a	pproved copy of this form	t is to be sent)	
Phillips Petroleur	m Company - Trucks aghead Gas [XX] or Dry Gas	4001 Penbrook, Od Address (Give address to which a	lessa, TX 797	63	
Cicies Servcie Oi	1 & Gas Corporation	Attn: Jeri Hughes	s, Box 300, Tu	lsa. OK 74102	
well produces oil or liquids, e location of tanks.	<u> </u>	e. Is gas actually connected? Yes	When ?		
nis production is commingled with that . COMPLETION DATA	from any other lease or pool, give commin	ngling order number:			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover D	eepen Plug Back Sa	me Res'v Diff Res'v	
ue Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
evations (D, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
forations (Depth Casing S	hoe	
		CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				10-2 IN-3	
				che op	
TEST, DATA AND REQUES	ST FOR ALLOWABLE		0	7	
	recovery of total volume of load oil and mu	st be equal to or exceed top allowable	e for this depth or be for f	ull 24 hours.)	
	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)		
ngth of Teac	Tubing Pressure	Casing Pressure	Choke Size		
tual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF		
AS WELL			I		
ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	ensate	
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
OPERATOR CERTIFIC	ATE OF COMPLIANCE				
I hereby certify that the rules and regula Division have been complied with and t	ations of the Oil Conservation that the information given above		RVATION DI		
	nowledge and belief.	Date Approved _	OCT 3 19	89	
AOT	0 +				
Signature		By ORIGI	NAL SIGNED BY		
Signature J. BRIA-	~ WAIte	By ORIGI	NAL SIGNED BY WILLIAMS		
Signature J. BRIA.		By ORIGI MIKE Title SUPE	NAL SIGNED BY WILLIAMS RVISOR, DISTRICT	F 19	

ble for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Reduest for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in a with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fillout only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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