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

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

Santa Fe, New Mexico 87504-2088

**OIL CONSERVATION DIVISION** P.O. Box 2088 () to U.

Charles San Day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form C-104
MAY - 8 1992	Revised 1-1-89 See Instruction at Bottom of P
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1000 Rio Brazos Rd., Aziec, NM 87410	HEQUEST									
I. Operator	TO TE	<u>RANSPC</u>	ORT OI	L AND NA	TURAL G		API No.		······································	
PUEBLO OPERATING	G					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A11W			
Address					1		<del></del>			
P.O. BOX 8249  Reason(s) for Filing (Check proper box)	ROSWELL, N	IEW MEX	(100 8	38202 <b>Ou</b> h	es (Please expl	nin)	<del></del>			
New Well	Change	is Transpor	nter of:		ci (r isass expi	460)				
Recompletion	Oil [	Dry Gas	. 😐							
Change in Operator X  If change of operator give name CTR	Casinghead Gas	Conden		5 0 50	w 1660	a c DUOLIE	DOLLE N	M 87103	<del></del>	
and address of previous operator CIBO	OLA ENERGY C	ORPORA	TTON	P.O. BO	X 1008	ALBOQUE	RQUE, N	M 8/10	<del></del>	
II. DESCRIPTION OF WELL Lease Name	<del></del>	De el Ne	114			1 1/1-4	of Lease	<del></del>	eam No.	
MABEL	Well No   6		RANCE	ing Formation H SAN	ANDRES		Pederal of Fe		9890 1407	
Location		<del> </del>				<del></del>				
Unit Letter H	_:1650	Feet Fro	m The	NORTH Lin	and330	R	et From The	EAST	Line	
Section 30 Townshi	p 10S	Range	281	E , NR	MPM,	CHAVE	S		County	
III. DESIGNATION OF TRAN	SPADTED AF	NI AND	NATE	DAI GAS		•				
Name of Authorized Transporter of Oil	or Cond		T	Address (Giv	e address to wh	ich approved	copy of this	form is to be se	int)	
PUEBLO PETROLEUM, INC	•			- <del> </del>				LL, NM 88202		
Name of Authorized Transporter of Casing	ghead Gas	or Dry C	las 🔃	Address (Giv	e address to wh	ich approved	copy of this j	form is to be se	ini)	
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actually	connected?	When	7			
give location of tanks.	A 30	10s	28E	<u> </u>			<del> </del>			
If this production is commingled with that it  IV. COMPLETION DATA	from any other lease o	r pool, give	commingl	ing order numb	er:				<del></del>	
	Oil We	II G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	_,	<u>i</u>		<u> </u>			ļ	İ	<u> </u>	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth	•		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Pormation .		Top Oil/Gas Pay			Tubing Depth			
	<u> </u>									
Perforations							Depth Casis	ng Shoe	•	
	TUBINO	, CASIN	G AND	CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & T	TUBING SI	ZE	DEPTH SET				SACKS CEMENT		
							<b> </b>			
C CONTRACTOR AND PROVINCE	EOD ALLON	ADI E		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	secovery of total volum	ADLE of load oil	l and must	<b>be equal to</b> or	exceed top allo	wable for thi	s depth or be	for full 24 hou	ra.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	uc.)	<del></del>	1	
		<del></del>		Casing Proces			Choke Size	foste	1 FD	
Length of Test	Tubing Pressure			Casing Pressure			3 23 7 2			
Actual Prod. During Test	Oil - Bbls.	<del> </del>		Water - Bbis.			Gas- MCF	Elis	of	
	<u> </u>			l						
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis, Conden	tale/MMCF		Gravity of G	Condensala		
Longin of You		pole. Concentrative (C)								
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Si		re (Shut-ia)	shut-ia)		Choke Size		
		D. T. A. A. T.	<u> </u>	\r	<del> </del>		<u> </u>			
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regula			CE	∥ (	DIL CON	SERV	ATION	DIVISIO	N	
Division have been complied with and	that the information gi	ven above							•	
is true and complete to the best of my i	knowledge and belief.	`		Date	Approve	t	MAY 1	8 1992		
1/2 2/	2 ~ (	)			•			<b>5</b> ) (		
Signature				By_	<u> </u>	RIGINAL	SIGNED	RA	<del></del>	
Signature Gary L Royal Printed Name	Comp	trolle Title	÷Ľ	<b></b>	<u>.</u> .	IKE WILL	JAMS OR, D <mark>IST</mark>	RICT IF		
05/07/92	1-62	23 <b>–</b> 6133	3	Title		J. L				

- 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.