| DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 |) — | GIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | ~ | Revised 11109 See Instructions at Bottom of Page | |
|---|--|---|--|---|--|--|
| DISTRICT II 20. Drawer DD, Artesia, NM 88210 | | | | RECEIVED RECEIVED C | | |
| DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410 | 1 | | | AUG 3 1 | 1992 1 8 1992 | |
| | TO TRAN | ALLOWA | ABLE AND AUTHORIZ | ATION O.C. | D. C. D. | |
| persion Puoble Detrole | , | , <u></u> | | Well API No. | | |
| Pueblo Petrole | Inc. ~ | | | | | |
| P. O. Box 824 | 49 Roswell, H | NM 88202 | | | | |
| eason(s) for Filing (Check proper box) | Change in Tr | anaporter of: | Other (Please explain |) | | |
| ecompletion | Oil 🛣 Di | | | | | |
| hange in Operator | Casinghead Gas 🚺 Co | ondenmie | | | ······································ | |
| d address of previous operator | | | | | | |
| BESCRIPTION OF WELL | | al Mana Tastu | 41 19 | | | |
| Mabel | | ol Name, Inclu LE Ranch | San Andres | Kind of Lease Stores Reductor Fee | Lease No. | |
| postioa | | | | | I | |
| Unit LetterH | ;2310F• | at Prom The | North_Line and330 | Feet From The | EastLies | |
| Section 30 Townshi | p 105 Ra | nge | 28E , NMPM, | Chaves | County | |
| . DESIGNATION OF TRAN | SPORTER OF OIL | AND NATT | JRAL GAS | | | |
| me of Authorized Transporter of Oil | IXX or Condensate | | Address (Give address to which | | is to be sent) | |
| etro Source Partners L' me of Authorized Transporter of Casing | | Dry Gas | P. O. Box 135 | | 9029 | |
| | | | Address (Give address to which | «pproved copy of this form | is 10 da sentj | |
| well produces oil or liquids, s location of tanks. | Unit Sec. Tw H 30 10 | | Is gas actually connected? | When 7 | | |
| is production is commingled with that i | | | ling order number: | | | |
| COMPLETION DATA | | | | | | |
| Designate Type of Completion | - (X) | Gas Well | New Well Workover | Deepen Plug Back San | se Res'v Diff Res'v | |
| e Spudded | Date Compl. Ready to Proc | d. | Total Depth | P.B.T.D. | I | |
| vations (DF, RKB, RT, GR, etc.) | | | T | | | |
| vations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | 100 | Top Oil/Gas Pay | Tubing Depth | Tubing Depth | |
| forations | L | | <u> </u> | Depth Casing Sh | 06 | |
| | TIRING CA | SINC AND | CENENTING DECODD | · | • | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | DEPTH SET | SACI | SACKS CEMENT | |
| | | | | | | |
| | | | | | | |
| 0.41 | | | | | | |
| TEST DATA AND REQUES | | • | L | | | |
| e First New Oil Run To Tank | Date of Test | la ou ana musi | be equal to or exceed top allowab Producing Method (Flow, pump, | ne for this depth or be for fu gas lift, etc.) | ll 24 nours.) | |
| gth of Test | This is a new second | | Calue Davana | | \rightarrow | |
| | Tubing Pressure | | Casing Pressure | Choke Size | CX . | |
| ual Prod. During Test | Oil - Bbls. | | Water - Bbis. | Gas- MCF | | |
| | | | ; | | | |
| LS WELL ual Prod. Text - MCF/D | Length of Test | | Bbls. Condensate/MMCF | Gravity of Conde | | |
| | | | | Gravity of Costor | | |
| ing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | Choke Size | | |
| | | NCE | · | ····· |] | |
| , OPERATOR CERTIFICA hereby certify that the rules and regulat | ions of the Oil Conservation | | OIL CONSI | ERVATION DIV | ISION | |
| Nulsian have been complied with and th | at the information given abo | ive | | | | |
| Avision have been complied with and in | | | Date Approved | SEP 2 1 199 | 12 | |
| Average in the set of | lowledge and belief. | | | | | |
| s true and complete to the best of my kn | lowiedge and belief. | | | SIGNED BY | | |
| s true and complete to the best of my kn | Royal | | By ORIGINA | LIAMS | · · | |
| s true and complete to the best of my kn Signature Gary L. Royal Triated Name | Comptroller Tille | | By ORIGINA | L SIGNED BY LIAMS SOR, DISTRICT I | · · · · · · · · · · · · · · · · · · · | |
| s true and complete to the best of my kn ignature Gary L. Royal | Comptroller | | By ORIGINA MIKE WII | LIAMS | ······ | |

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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.
Separate Form C-104 must be filed for each pool in multiply completed wells.