Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	State of New Mexico Eurogy, Minerals and Natural Resources Departme OIL CONSERVATION DIVISIO						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
P.O. Drawer DD, Artesia, NM 88210			1 m .		ox 2088	04 0000		-2 🐲		
DISTRICT III		2	Santa Fe	, New M	exico 875	04-2088		D .		
1000 Rio Brazos Rd., Aztec, NM 87410	REQ					AUTHORIZ				
I. Operator		TO TF	ANSP	ORT OIL	. AND NA	TURAL GA		API No.		
Baber Well Servicing	Co.						WGI 7	-11110.		
Address		• •								
P. O. Box 1772, Hobb	s, NM	88240)					,		
Reason(s) for Filing (Check proper box) New Well		Change	in Transpo	rter of:		er (Please expla Well plus	•	abandone	d for salvage	
Recompletion	Oil	[Dry Ga		150	60 Tat	. plen		n 1990	
Change in Operator	Casinghe	ad Gas	Conder	isate	, 		South	Indres	2623-2697	
If change of operator give name	ymes D	rillir	ng, In	с., <u>Во</u> з	<u>729, R</u>	<u>oswell, N</u>	<u>IM 882(</u>	01		
II. DESCRIPTION OF WELL	AND LE	EASE							·	
Lease Name		Well No			ng Formation	<u> </u>	Kind	of Lease	Lease No.	
O'Brien 7 Location		a	Tw	in Lake	es San A	ndres	State,	Federal or Fee	Fee	
	_ :2	98_	Feet Fr	om The	<u> </u>	e and _165	Fe	et From The	<u>Line</u>	
Section 19 Townshi	<u>p</u>	8	Range	29	, N	MPM, Ch a	ives		County	
III. DESIGNATION OF TRAN	SPORT	ER OF	<u>OIL AN</u>	D NATU	RAL GAS					
Name of Authorized Transporter of Oil	X	or Cond	ensate		Address (Gin	ve address to wh	ich approved	copy of this fo	orm is to be sent)	
Navajo Name of Authorized Transporter of Casing	phead Gas		or Dry	Gas	Address (Cit	10 address to ul	ich anne -	com of this f	orm is to be sent)	
The of Automatic Transporter of Casing	girad Gas	L	or Dry		Audress (Un	re acaress to wri	исп арргочеа	copy of this jo	orm is lo de sentj	
If well produces oil or liquids, give location of tanks.	sks.									
If this production is commingled with that IV. COMPLETION DATA	from any of	ther lease of	or pool, giv	e commingl	ing order num	ber:				
		Oil W	ell (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion			. i		Ì		200pon	THE PART		
Date Spudded	Date Con	npl. Ready	to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations 2633' - 2699'								Depth Casin	g Shoe	
2055 2059		TURIN			CEMENT	NG PECOP	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT	
V. TEST DATA AND REQUES	ST FOR	ALLOV	VABLE							
OIL WELL (Test must be after r			e of load	oil and must	T				or full 24 hours.)	
Date First New Oil Run To Tank	Date of T	est			Producing M	ethod (Flow, pu	mp, gas lift, e	tc.)		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
A construction of the second										
Actual Prod. During Test	Oil - Bbls	S.			Water - Bbis.			Gas- MCF		
CASWELL							B-1776	1		
GAS WELL Actual Prod. Test - MCF/D	Length of	f Test			Bbls. Conder	sate/MMCF		Gravity of C	ondensate	
· · · · · · · · · · · · · · · · · · ·										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
					<u>ار</u>	<u> </u>		1		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				ICE	(DIL CON	SERV	ATION I	DIVISION	
Division have been complied with and that the information given above										
is true and complete to the best of my l	mowledge	and belief.	1		Date	Approved	d k	MAY	2 1990	
Al A	/Ja	liv	h							
Signature		1	%_b,	······	By_		ORIGIN	IAL SIGNI	ED RI	
<u>Guy A. Baber Jr.</u> Printed Name		/	Title				SHPER	VISOR DI	ISTRICT I	
May 2, 1990			393-55		Title					
Date		T	elephone N	lo.						
INSTRUCTIONS: This for	m is to be	e filed in	complia	nce 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. 4, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 mu = 3 filed for each pool in multiply completed wells.