1980, Hobbs, NM 88240

TRICT III
OO Rio Brazos Rd., Aziec, NM 87410

NSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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

All sections of this form must be filled out for allowable on new and recompleted wells.

with Rule 111.

CIL CONSERVATION DIVISION P.O. Box 2088

winciais and radual Resources Department

Santa Fe, New Mexico 87504-2088

AUG 3 1 1992 O. C. D. SEP 1 8 1992

	REQ	TO TR	OR A	ALLOW PORT (ABLE AND	AUTHOI	RIZATIOI GAS	0.0	C. D. SEP	18199 . C. D.	辽	
penator Pueblo Petrole	eum, Inc		,					II API No.	-	-	98°2,	
Idress	240					 			· · ·	·	•	
P. O. Box 82 ason(s) for Filing (Check proper box)		Roswell	L, NM	8820		ther (Please ex	refere	<u> </u>				
w Well		Change in	Transp	corter of:	, <u>L</u>	alei (1.18ma ex	piain)					
lange in Operator	Oil Casinghe		Dry C		J }							
hange of operator give name address of previous operator			Conde	mane	<u> </u>				· · · · · · · · · · · · · · · · · · ·			
機能的特別的人物。	ANDIE	ACE										
*DESCRIPTION OF WELL AND LEASE ase Name CX Plains Well No. Pool Name, Inc. Racetra				lame, Incli cetrac	ding Formation	Andres		d of Lease No.			·	
cation		·	<u> </u>					1-1000101-01-1	•			
Unit Letter P	: <u>9</u> ′	70	. Foet Fi	rom The _	South u	ne and	990	Peet From The	East	I.iı		
Section 19 Township 10S Range 28					BE , NMPM, Chaves County							
DESIGNATION OF TRAI	NSPORTE	'R OF OI	II AN	ייר אנא חד	IIDAY CAC					COURT		
us of Anthonized Liansbottet of Oil	Address (Give address to which approved copy of this form is to be sent)											
tro Source Partners L no of Authorized Transporter of Casin				P. O. Box 1356			Dumas, TX 79029					
	L	or Dry	Gas	Address (Give address to which appr			wed copy of this form is to be sent)					
ell produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge 28E	. Is gas actual	y connected?	When	2 7				
production is commingled with that COMPLETION DATA	ling order num	ber:										
Designate Type of Completion	- (X)	Oil Well	C	ias Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	\neg	
Spudded		l. Ready to l	Prod.		Total Depth	L	<u> </u>	BBTD	<u>L</u>		_	
					F.B.1.D.							
ations (DF, RKB, RT, GR, etc.) Name of Producing Pormation					Top Oil/Gas	Pay		Tubing Depth				
rations	-1			Depth Casing Shoe								
1101 8 0174	TUBING, CASING AND				CEMENTII	NG RECOR	D				ᅱ	
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
							 					
EST DATA AND REQUES					L			<u> </u>	····			
WELL (Test must be after re First New Oil Run To Tank	covery of total	al volume of	load oi	l and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	z.)		
I HA THEW OIL RUIL TO THIRK	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
h of Test	Tubing Pressure				Casing Pressu	78		Choke Size				
l Prod. During Test	Oil - Bbls.				Water - Bbis.	···		Gas- MCP				
WELL				·····	l	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
Prod. Test - MCF/D	Length of Test				Bbis. Condens	ale/MMCF		Gravity of C	onden sale		\neg	
Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	e (Shut-in)		Choke Size				
											Ì	
OPERATOR CERTIFICATE OF COMPLIANCE ereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
rision have been complied with and that the information given above rue and complete to the best of my knowledge and belief					Date Approved SFP 2 1 1992							
Day L	Kon-	\nearrow				• • • • • •					`	
Gary L. Royal Comptroller					By ORIGINAL SIGNED BY							
nted Name Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT I							
8-28-92 623-6133 Telephone No.					Title SUPERVISOR, DISTRICT II							

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.