DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

energy, wincian and matural resources Department

P.O. Box 2088

	Revised 1414	
	See Instructi	
DEC ton	ED at Bottom of	
WECELL	יכט	

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	DEC	HECT E			DIE AND	ALITUOD		0.0	t Directi	VED Y_{i}^{\prime}
I.	HEC				BLE AND L AND NA			- satisfied	SEPT	1.0
Operator		, 0, , ,	,	OIII OI	L AND IVA	HUMAL		API No.		
Pueblo Petrole	eum, In	c. \							O, C	. D.
Address P. O. Box 8249	Roswell	1, NM 8	88202			,				,
Reason(s) for Filing (Check proper box)	NOSWEI	17 1411 (0202		Out	ner (Please exp	Jain I			
New Well		Change is	n Transpo	orter of:		ice (1 isms sub	-ww.j			
Recompletion .	Oil		Dry G							
Change in Operator	Casinghe	ad Gas	Conde	nsate 🔲						
If change of operator give name and address of previous operator										
· 현실: 화장·디스로 (14) :	ANDER	14.023								*
II." DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool N	ame Includ	ing Pormation		Vin	of Lease	,,	ana Ma
Plains 6 7					San And	dres		i of Lease Delegações Fe		Jean No.
Location			<u> </u>				1			· ···········
Unit LetterN	_ :3	30	. Feet Fr	22 edT mo	OLI HTUS	e and 23	101	eet From The	WEST	Line
	10	_						••••		
Section (Townshi	p 10	S	Range	28E	, N	MPM, (Chaves			County
III. DESIGNATION OF TRAN	ISPARTI	ER OF O	II. AN	D NATTI	DAL GAS					
Name of Authorized Transporter of Oil	ראו	or Conder				e address to w	hich approve	d copy of this)	form is to be se	ent)
Petro Source Partners I	imited				ž.	Box 1356		umas, TX		•
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas	Address (Giv	e address to w	hich approve	d copy of this f	'orm is to be so	ml)
If well produces oil or liquids,	111-2	l c	I	1 2					····	**************************************
give location of tanks.	Unit	Sec.	Twp. 10S	Rge. 28 E	is gas actually	y connected?	When	17		
f this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, giv		ing order numb)er:				
		Oil Well	7	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	i		İ		i i	i	İ	1
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
					7 01/0			ļ		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	mation		Top Oil/Gas P	ay		Tubing Depth		
Perforations	<u> </u>	· ··· ·· · · · · · · · · · · · · · · ·			l			Depth Casin	a Shoe	
								Sopiii Casiii	S Olive	•
	7	TUBING,	CASIN	IG AND	CEMENTIN	NG RECOR	D	-!		`
HOLE SIZE	CA	SING & TU	BING S	IZE		DEPTH SET			SACKS CEM	ENT
								- 	 	
	 						 	-	 	
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		l		 	<u></u>		
OIL WELL (Test must be after re				il and musi	be equal to or	exceed top allo	wable for thi	is depth or be j	for full 24 hou	rs.)
Dute First New Oil Run To Tank	Date of Te	a a			Producing Me	thod (Flow, pu	mp, gas lift,	uc.)		
					<u> </u>			Choke Size		
Length of Test	Tubing Pre	HAUTE		Casing Pressure				Cnoke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL								-1	 	
Actual Prod. Test - MCP/D	Length of	Test			Bbls. Condens	nate/MMCF		Gravity of C	ondensate	-:
										•
esting Method (pitot, back pr.)	Tubing Pre	saure (Shut-	in)		Casing Pressur	re (Shut-in)		Choke Size		
	<u> </u>				. 	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE			ICEDV	ATION I		AN I
I hereby certify that the rules and regula Division have been complied with and t						OIL CON	IOEM V		OI VIOIC	/1 N
is true and complete to the best of my k			# #00Ag				י סבי	2.1 100	12	
					Date	Approve	a SE	- N 1 198) <u>L</u>	
ala JA	ona	\mathcal{L}			_				:	
Signature Gary L. Royal	7	<u> </u>			By		IAL SIGN			
Printed Name	Уоп	ptrolle					VILLIAMS	ISTRICT I	•	
8-28-92	623	-7235	Title	i	Title_	SUPER	VISUR, U	ISTRIUT II		
Date			hone No	, 					•	

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.