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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

MAY - 8 1992 Form C-104
Revised 1-1-89

O. C. D.

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		~	_		Box 2088		. ,	Calderia Cal	rt.		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sa	anta Fe,	New N	Aexico 87:	504-2088					
_	HEQ	UEST F	OR AL	LOWA	BLE AND	AUTHOF	IZATION				
I.		TO TRA	ANSPO	ORT O	L AND NA	ATURAL C	AS				
Operator	/		,				Well	API No.	· · · · · · · · · · · · · · · · · · ·		
PUEBLO OPERATI	NG V										
P.O. BOX 8249	ROSW	ELL, NI	EW MEX	(ICO	88202						
Reason(s) for Filing (Check proper box)						her (Please exp	rlain)				
New Well Recompletion		Change in	-								
Change in Operator	Oil Casinghea	H	Dry Gas Condens								
If change of operator give name		=			D.O. D	OV 1660	A F DITOTT	EDOUE 1	0716		
	BOLA EN		JRPORA	TION	P.O. B	OX 1668	ALBOQU	ERQUE,	NM 8710	13	
II. DESCRIPTION OF WELL Lease Name	AND LE		12								
CX PLAINS		16			ing Pormation	AN ANDRE		of Lease , Pederal of R		Lease No.	
Location			·						<u> </u>		
Unit LetterI	_ :165	50	Feet From	n The	SOUTH LI	e and	990	eet From The	EAST	Line	
Section 19 Townshi	108	3		28E			CHAVE				
Section 19 Townshi	р 100		Range	201	<u>, N</u>	MPM,	CIMVE			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	KX	or Conden		<u> </u>	Address (Gir	e address to w	hich approved	copy of this	form is to be s	ent)	
PUEBLO PETROLEUM, INC.					P.O. 1		ELL, NM		-		
ranse of Aminorized Transporter of Case	ghead Gas or Dry Gas			Address (Give address to which approved			copy of this form is to be sent)				
if well produces oil or liquids,	Unit	Sec.	Twp	Rge.	le gas actuali	v connected?	When	7			
ive location of tanks.	P	19	10S	28E		-		•			
this production is commingled with that	from any other	er lease or p	ool, give	commingl	ing order num	ber:					
V. COMPLETION DATA		los w. n		777 20 1	· · · · · · · · · · · · · · · · · · ·			·	,		
Designate Type of Completion	- (X)	Oil Well	Ca	Well!	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	i. Ready to	Prod.		Total Depth	l	1	P.B.T.D.	L		
					Top Oil/Gas Pay			Tubing Depth			
ilevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	matio a								
Perforations					<u></u>			Denth Casing Shoe			
						•		Depil Casii	ig since		
TUBING, CASING				AND	CEMENTI	NG RECOR	D	<u> </u>	· ····		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 										
	·							 			
. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		f load oil	and must		exceed top allo			for full 24 hou	rs.)	
Date of 168					1 resucing tric	area (1.10m, bu	mp, gas iyi, c				
ength of Test	Tubing Pressure				Casing Pressure			Choke Size Fasted FD-3 Choke Size 5-22-92			
								l			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCP	ang	101	
O A CO YESTER Y	L	····	····					<u> </u>			
GAS WELL ACTUAL Prod. Test - MCF/D	Length of To	oet	··		Rhie Conden	man / MAN / Cit		Convince of C	na deneste		
••••••	rengin or less				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pres	Nubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	<u></u>						····				
I. OPERATOR CERTIFICA				E			CEDV.	TION		A 1	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Dete	Annua	, M	NYαΩ	1992		
70 1	>				Date	Approved	4Y	1 1 0	1002		
Hay 7. Kugl					ByORIGINAL SIGNED BY						
Signature Garcy L. Royal Comptroller					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT IF						
05/07/92 Date			3-613	<u> </u>	'						

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.

Telephone No.

- 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.