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DISTRICT II 2.O. Drawer DD, Anesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 11'89

DISTRICT III		Qaina I (c, itcw ivi	CAICO 075	04-2000					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST					_	O. C. D			
•	ΤΟΤΙ	RANSP	ORT OIL	AND NA	TURAL G		ARTESIA, OFF	·ICE		
Operator							Well API No.			
New Mexico In	stitute of M	lining	and Te	chnology	<u></u>					
Petroleum Reco	overy Resear	ch Cei	nter, S		NM 87801 er (Please expl					
New Well	Change					1711)				
Recompletion		as 🗌				WIW				
Change in Operator								•		
change of operator give name										
nd address of previous operatorMc1 I. DESCRIPTION OF WELL		Corpo	ration,	P.O. Dr	awer 730	, Roswe	11, NM 88	202		
	Th. Well No. Pool Name, Includin			ng Formation Kind o			of Lease Lease No.			
•	/ · ·			State			Federal or Fee LC-069280-A			
Sulimar Queen	UILIL CLE	-51 51	ulliar	queen				1_1.0-06	1928U-A	
Unit Letter N	: 660	Feet F	rom The S	outh Lin	e and <u>198</u>	0 Fe	et From The W	est	Line	
Section 24 Townsh	ip15S	Range	29	<u>e</u> , n	мрм,	Chave:	s		County	
II. DESIGNATION OF TRAN	SPORTER OF	OIL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Mavajo Refining Co. ame of Authorized Transporter of Casinghead Gas or Dry Gas				P.O. Drawer 159, Artesia, NM 88210. Address (Give address to which approved copy of this form is to be sent)					nt)	
If well produces oil or liquids,				ls gas actually connected? When			7			
ive location of tanks.	_ll			<u> </u>						
this production is commingled with that V. COMPLETION DATA	from any other lease	or pool, gi	ive comming!	ing order num	ber:	· · · · · · · · · · · · · · · · · · ·		·		
5	Oil W	/cll	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		l		1	<u> </u>	J	l,l_		<u> </u>	
Date Spudded	Date Compl. 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			
erforations				L			Depth Casing	Shoe		
	THOM	C CASI	ING AND	CEMENITI	NC PECOD	<u> </u>	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SA	CKS CEMI	ENIT	
HOLE SIZE	HOLE SIZE OASING & TOORYG SIZE			DET III SET			SACKS CEMENT			
								2-23-90		
	-							4	70	
								7		
. TEST DATA AND REQUE							 	·		
	recovery of total volu	ne of load	oil and must	·				full 24 how	s.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pr	ump, gas lift, e	tc.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oit - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of Test		·	Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
A ODED TOOL CERTIFIC	TARE OF CC.	(1)Y Y : 1	NICTO	1			1			
VI. OPERATOR CERTIFIC			NCE	(OIL CON	ISERV.		IVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION FEB 1 6 1990 Date Approved					
Mark MECCOllan					ORIGINAL SIGNED BY					
Signature Mark McClellan Geologist				By MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Printed Name 11/26/89	(505)4	Title	00	Title	45	and the second second	The state of the s		···	
Date 11/20/89	(505)	clephone	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.