Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

| الخند وورائه | Form C-104 Revised 1-1-89 See Instructions |
|--------------|--|
| | at Bottom of Pr |

OIL CONSERVATION DIVISION

AUG 2 - 1992

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

Date Approved _

AUG 2 5 1992

| P.O. Drawer DD, Artesia, NM 88210 | | 92 | nta Fe | P.O. Bo | | 4-2088 | | O. C. D. | | | |
|--|--|--------------|--|---------------------------|---|----------------------------|------------------|--|------------------|-----------------------|--|
| DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZA | | | | | | | ANTISIA DENCE | | | |
| | | | | | | TURAL GA | | | | | |
| Operator | | IO IN | NOF | JAT OIL | AND NA | I OT IAL CAN | Well A | PI No. | | <u></u> | |
| B & W Oil Co., Inc | . 🗸 | | | | | | 30 | -005-60 | 375 | | |
| Address | | | • | | • | 00210 | | | | | |
| R252 N. Haldeman R Reason(s) for Filing (Check proper box) | oad, A | Artes | 1a, | New Me | | 88210 er (Please explai | n) | | | | |
| New Well | | Change it | Transpo | rter of: | ر السا السا | | | | | | |
| Recompletion | Oil | | Dry Ga | | | | | | | | |
| Change in Operator X | Casinghea | | | | | | | | | | |
| f change of operator give name nd address of previous operator Bur | k Roya | alty | Co., | P.O. | Box BR | C, Wich | <u>ita Fa</u> | lls, T | <u>exas 76</u> | 5307 | |
| I. DESCRIPTION OF WELL | AND LEA | ASE | | | | | | | | | |
| Lease Name | | Well No. | | | ng Formation | | | Kind of Lease State, Federal or Fee | | Lease No. L-1894-1 | |
| South Lucky Lake Q | ueen | 2 | Poo | | ску цак | e Queen | | | L-10 | 94-1 | |
| NA. | 9 | 990 | | | outh Line | 330 |) _{Ea} | et From The _ | west | Line | |
| | - : | | _ reet rn | | | | | et i ioni inc _ | | | |
| Section 22 Township | , 159 | S | Range | 291 | E , NI | ирм, С | haves | | | County | |
| II. DESIGNATION OF TRAN | CDADTE | D OF C | ATT A NJ | D NATH | DAI GAS | | | | | | |
| Name of Authorized Transporter of Oil | IX | or Conde | | raio | Address (Giv | e address to whi | ich approved | copy of this fo | | | |
| Navajo Refining Co | | | | | L | 159, A | | | | | |
| Name of Authorized Transporter of Casing | nghead Gas Or Dry Gas | | | | Address (Give address to which approved copy of this form is to be sent) 1300 Post Oak Blvd, Ste 800, Houston | | | | | | |
| GPM Gas Corporatio If well produces oil or liquids, | n Unit | Sec. | Twp. | Rge. | is gas actually | | When | | | 7056 | |
| ive location of tanks. | A | 22 | | 129E | yes | | | | | | |
| f this production is commingled with that | rom any oth | ner lease or | pool, giv | e comming | ing order numl | ber: | | | | | |
| IV. COMPLETION DATA | | 1 | | | 1 22 . 37 0 | I 111 - 1 I | D | Plug Back | Sama Dar'u | Diff Res'v | |
| Designate Type of Completion | - (X) | Oil Wel | (| Gas. Well | New Well | Workover | Deepen | Flug Back | Same Kes v | pin Kesv | |
| Date Spudded | Date Com | pl. Ready t | o Prod. | | Total Depth | l | | P.B.T.D. | | _1 | |
| | | | | | R XII.A K | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of P | roducing F | onnation | | Top Oil/Gas | ray | | Tubing Depth | | | |
| Perforations | <u></u> | | ······································ | | J | | | Depth Casin | g Shoe | | |
| | | | | | | | | | : . : = : | | |
| | | | | | CEMENTI | NG RECORI | D | | | | |
| HOLE SIZE | CA | SING & T | UBING S | SIZE | | DEPTH SET | | <u>\$</u> | SACKS CEMI | ENT | |
| | ļ | | | | | | | ļ | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR | ALLOW | ABLE | | | | abla far thi | a danih ar ha | for full 24 hour | re) | |
| OIL WELL (Test must be after r Date First New Oil Run To Tank | Date of Te | | e of load o | oil and musi | | ethod (Flow, pu | | | or jun 24 nou | 3.) | |
| Date Lital Idea Oil Ynn 10 Iank | Date of Te | e SL | | | | | ,,, | • | casteo | IID 3 | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size 8-28-92 Gas-MCF 6 ha OF | | | |
| | | | | IV-t Dis- | | | Gas-MCF Y ha cop | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbis. | | | Ono- MICE | ang | 2 | | |
| | <u> </u> | | | | 1 | | | J | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conder | sale/MMCF | | Gravity of C | Condensate | | |
| Actual Prod. 1081 - MICPAD | Lengui of | ı col | | | Dois. Consti | | | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| | | | | | I, | | | <u></u> | | | |
| VI. OPERATOR CERTIFIC | ATE OF | F COM | PLIAN | NCE | | | CEDV | ATION | חואופור |)NI | |

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

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.

Signature

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

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

Title

- 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.