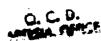
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104



Revised 1-1-89
1992ce Instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	R ALLOWAB	LE AND AUTHORIZA	TION			
I. Operator	TO THAN	SPORT OIL	AND NATURAL GAS	Well A	Well API No.		
B & W Oil Co., Inc	•	ŀ		30-	30-005-60381		
Address							
R252 N. Haldeman Ro Reason(s) for Filing (Check proper box)	oad, Artesia	a, New Me	Other (Please explain)				
New Well	Change in To	ansporter of:		UI	11/		
Recompletion		ry Gas	l	UI			
Change in Operator	Casinghead Gas C						
If change of operator give name and address of previous operator Bur.	k Royalty Co	o., P.O.	Box BRC, Wichi	ta Fa	lls, Te	xas /630/	
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name Well No. Pool Name, Includin			ky Lake Queen Kind of State, F		Lease Tederal or Fee	Lease No. L = 1894 = 1	
South Lucky Lake Question Unit Tr. 2		Pool	ky Lake Queen			B 1074 1	
Unit Letter N			S Line and1477	7 Fee	t From The	W Line	
	150	205	- 01	aves		County	
Section 22 Township	, 135 R	ange 29E	s , NMPM, Ch	aves		County	
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N.M. 88210						
Navajo Refining Co Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation			1300 Post Oak Blvd, Ste 800, Houston,				
If well produces oil or liquids, give location of tanks.		wp. Rge. 155 29E	is gas actually connected?	When	7	77056	
If this production is commingled with that f							
IV. COMPLETION DATA							
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back S	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations			Depth Casing Shoe				
	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE		DET THOSE				
V. TEST DATA AND REQUES	ST FOR ALLOWA	BLE		·	l		
OIL WELL (Test must be after r	ecovery of total volume of	load oil and must	be equal to or exceed top allow	able for this	depth or be fo	r full 24 hows.)	
te First New Oil Run To Tank Date of Test			Producing Method (Flow, pury	p, gas lift, e	(c.)	Cated TD- 3	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size A	8-28-92	
Long at 17 a						Sha OP	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL	_l						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COMPI	LIANCE	OIL COM	SEDV	ATION F	UNISION	
I hereby certify that the rules and regul	OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my	Date ApprovedAUG 2 5 1992						
			Date Apployed		_		
Billy Sm	By ORIGINAL SIGNED BY						
Signature BUY J S	MIKE WILLIAMS						
Printed Name	Title SUPERVISOR, DISTRICT IT						
Date		16-4358 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.