	۰.								CIST		
Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210	District Office District Office District Office Energy, Minerals and N Energy, Minerals and N OIL CONSERV P.O. 1 P.O. 1 Santa Fe, New 1					Iew Mexico tural Resources Department ATION DIVISION Sox 2088 Iexico 87504-2088			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page RECEIVED		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		ST FOR	ALLOWAE	LE AND AUTHORIZATION AND NATURAL GAS			DEC 11 '89				
T. Operator	10	THANS	PORTOIL	AND NA	TUHAL GA		.PI No.	0. (
New Mexico Ins	titute of	Mining	g and Te	chnology				ARTESIA	OFFICE		
Petroleum Reco Reason(s) for Filing (Check proper box)	very_Rese	arch_Co	enter, So	corro	NM 87801	(n)			w		
New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate						TA				
If change of operator give name	lellan Oi			P.O. Dr	awer 730,	Roswel	1, NM 8	8202			
II. DESCRIPTION OF WELL	AND LEASF	2									
	Sulimar Queen Unit Trl-14 Sulimar				Sinta I			f Lease Lease No. Federal or Fee LC-069280-A			
Unit Letter <u>K</u>	_ :1345	Feet	From The	South Lin	e and <u>1450</u>		et From The	West	Line		
Section 24 Townshi	p 155	Ran	ge 29E	, N	MPM, Ch	aves			County		
III. DESIGNATION OF TRAN			ND NATU	· · · · · · · · · · · · · · · · · · ·							
Name of Authonized Transporter of Oil Navajo Refinir Name of Authonized Transporter of Casin	LXX 1g-Co	Condensate	Dry Gas	P.O. D	ve address to white rawer_159 ve address to white	, Artes	ia, NM	88210			
If well produces oil or liquids, give location of tanks.	Unit Sec	. Twp	. Rgc.	Is gas actually connected? When ?							
If this production is commingled with that IV. COMPLETION DATA	from any other le	ase or pool,	give comming	ing order nur	ber:	J					
Designate Type of Completion Date Spudded	- (X) Date Compl. R	i		New Well Total Depth	Workover	Деерел	Plug Back	Same Res'v	Diff Res'v		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe			
	TUBING, CASING AND						· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								-23-9			
					······			ang op	/		
V. TEST DATA AND REQUES OIL WELL (Test must be after 1				be equal to o	exceed top allow	wable for this	depth or be j	for full 24 hour	s.)		
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pur						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls, Condensate/MMCl ²			Gravity of Condensate				
Festing Method (pitot, back pr.)	Tubing Pressur	Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 Date Approved							
Signature Mark McClellan Geologist					ByORIGINAL SIGNED BY MIKE WILLIAMS						
⁶ Printed Name 11/26/89 Date	Title Title SUPE						ERVISOR, DISTRICT I				
Screense Lege His 100 and			and the second second second		Color and a Second state						

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.