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

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

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

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

**TWIW** 

DISTRICT III 1000 Rio Brazon Rd., Azzec, NM 87410

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	cuprises V		eli API No.
P. D. Box 1306 Artois NM 28210			
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:			
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate			
If change of operator give name Any Petroleum Consultants P.D. Box 1666 Hobbs NM 88241			
II. DESCRIPTION OF WELL AND LEASE			
MARIJUE DUCEN Unit	7/50 t) Well No. Bool Name, Included the South of South o	Λ 15	ind of Lease  ale, Federal or Fee     Lease No.
Unit Letter 3: 1155 Feet From The North Line and 2145 Feet From The E857 Line			
Section 1.4 Township 145 Range 27E, NMPM, Chases County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which any other states)			
Alargio Refining		Address (Give address to which approved copy of this form is to be sent)  Dr c er 159 Arteria 11 11 88210	
Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	L is gas actually connected? W	de. Britleville UK 74004
If this production is commingled with that	from any other lease or pool, give comming	Pling order number	5-18-86
TV. COMPLETION DATA			
Designate Type of Completion		New Well Workover Deepe	n Plug Back Same Res'v Diff Res'v
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 6-1-90
Perforations			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	REACHSVEEMENT
77			MAY 17 '90
V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas ly	this depth or be for full 24 hours) fi, etc.)  ARTESIA, OFFICE
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test			
rotal rota burng rest	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
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
/I. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONCEDIATION DIVIDION	
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.		Date Approved	MAY 2 8 1990
Tropper dbA Zie Enterprises		By OPICINAL CIONES	
Fred G. Jones Owner		By ORIGINAL SIGNED BY MIKE WILLIAMS	
Printed Name 5-/6-90	Tille 505-746-6100	Title SUPERVISOR, DISTRICT 19	
Date	Telephone 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.