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

OLL CONSERVATION DIVISION

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

WIW

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

I.		SLE AND AUTHORIZATION		
Operator	IO THANSPORT OIL	AND NATURAL GAS		
Zig Enterprises		Wei	I API No.	
D. O. Box 1306	Artezis NM 8	38510		
Reason(s) for Filing (Check proper box)	1777 70 W	Other (Please explain)		
New Well	Change in Transporter of:	C Outer (1 rease expain)		
Recompletion	Oil Dry Gas	·		
Change in Operator	Casinghead Gas Condensate			
If change of operator give name and address of previous operator	1x Petroleum Conzul	tento Inc. P.O. Box	1666 Hobbs NM 8824:	
II. DESCRIPTION OF WELL				
MArtizue Queen Unit	Tractor & Well No. Pool Name, Includi		d of Lease No. Prederal or Fee	
Location Unit Letter	: 1590 Feet From The	1 1)	Feet From The しゅっト Line	
Section 2 4 Townshi	1.1.7 7.9			
	Nange 71 U	, INNEM, - ////OC	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)		
ame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			ed copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? When ?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commingi	ling order number:		
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deepen	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	
Perforations			Death Corine Char	
			Depth Casing Shoe	
	TUBING, CASING AND	CEMENTING RECORD	RECEIVED	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			ONONO CEMENT	
			MAY 17 '90	
			I III	
V TEST DATA AND DEGUES	T FOR ALLOWARIE		0, C, D	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	FOR ALLUWABLE ecovery of total volume of load oil and must	ha country on an arrandon all all de-	ARTESIA, OFFICE	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift		
		, , , , , , , , , , , , , , , , , , ,	last 70-3	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 6-1-90	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL				
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 COMPLIANCE			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		MAY 9 0 1000		
10 1		Date Approved	NAI & O ROO	
(Trubbana Aba Zia Enterprises		By OBJGI	NAL SIGNED BY	

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

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

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

746-100

Telephone No.

- 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.