Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM \$8240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION 29 803

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

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

ISTRICT III XXX Rio Brizos Rd., Aziec, NM 17410	REQUEST FO	R ALLOWABL	E AND AUTHORIZA	TION					
TÓ TRANSPORT OIL AND NATURAL G				Wall API Na. 30-005-62271					
Read & Stevens, Ir		30-0	03-022/1						
	Roswell, New	Mexico 88202	2						
e2500(1) for Filing (Check proper box)			Other (Please explain)	1					
ew Well		Transporter of: Dry Gas	Effective	Decembe	r 1, 199	3			
ecompletios \Box	Oil Caringhead Gus								
change in Operator L	் பார்கள் ப						 		
ed address of previous operator	ND I WIGH								
I. DESCRIPTION OF WELL	NU LEASE	Pool Name, Including	g Formation	ormation Kind of					
Toles Federal	2 Buffalo Valley Penn			XXXX, F	ederal medien	NM-01	15465A		
ocation Unit LetterL	. 1980	Feet From The S	outh Line and 990	Fee	From The	West	Line		
Unit Letter	158	Range 27E		Chave	es	·	County		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATUI	RAL GAS Address (Give address to which	h approved t	copy of this form	n is to be sen	<u>и)</u>		
Name of Authorized Transporter of Oil	C or Conse		•						
TPM GAS COLDULACION			P. O. Box 5050 Ba						
If well produces oil or liquids, jve location of tanks.	Unit Sec.	i	Is gas actually connected?	When	.7.				
this production is commingled with that	from any other lease or	pool, give commingi	ing order number:						
V. COMPLETION DATA	Oil Wel		New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion	- (X) ⊸j	i		i			J		
Date Shripped	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing F	Formation .	Top Oil/Gas Pay	Tubing Depth					
Perforations				1	Depth Casing	Shoe			
	TUBING	, CASING AND	CEMENTING RECORL)	r -	. 01/2 67: **	ENT		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	<u> </u>		<u> </u>		10	-17-9	3		
					cha GTIEPN				
						لم			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE		unhla far thi	depth or he fo	r full 24 hou	rs.)		
OIL WELL (Test must be after t	Date of Test	e of load oil and must	Producing Method (Flow, pu	mp, gas lift, e	ic.)	,			
Date First New Oil Run To Tank	Date of 16m				Choke Size				
Length of Test	Tubing Pressure		Casing Pressure	CHOCE SIZE					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF				
GAS WELL			<u> </u>						
Actual Prod. Test - MCF/D	Langth of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
Tosting Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	OIL CON	ISERV	ATION I	DIVISIO	NC		
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.			1907 a 1903						
15 Live and compare to the sea of my		•	Date Approve			***			
Signiture John C. Maxey, Jr. Petroleum Engineer			M	By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF					
Printed Name 11/24/93	505/622-3	ក្ស៖ 3770	TitleSU	PERVISO	K, DISTRIC	ا ا ا ا د 	 		
Date	ī	elephone 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
- 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.