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

RECTIVED Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION AUG -3 '90 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION OFFICE TO TRANSPORT OIL AND NATURAL GAS		
) Operator	TO THANSFORT OIL	Well API No.	
BABER WELL SERVICING	COMPANY		
Address			

P. O. BOX 1772, HOBBS, NM 88240 Reason(s) for Filing (Check proper box) Other (Please explain) New Well 1 Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator BLUE SKY PRODUCTION II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Lease Name Well No. Kind of Lease Lease No. STATE A 2 EMPIRE (Y-SR) State, XXXXXXXXXXXXX E 379 Location 330 1650 Feet From The Feet From The Unit Letter Line and 36 Township 17S 27E Range **EDDY** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil NAVAJO Address (Give address to which approved copy of this form is to be sent)
P. 0. 159, ARTESIA, NM 88210 or Condensate Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Twp. | 17S | If well produces oil or liquids, Rge. When? Is gas actually connected? 27E give location of tanks. 36 В If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Works

Designate Type of Completion	n - (X)	lon wen	Cas wen	1 Mew Well	WOIKOVEI	Deepen	Flug Back	Same Kes v	
Date Spudded	Date Comp	d. Ready to Pr	od.	Total Depth	•	-t	P.B.T.D.	4	<del></del>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth C		Depth Casin	asing Shoe		
	Т	UBING, C	ASING AND	CEMENTI	NG RECOR	D	1		
HOLE SIZE	CAS	SING & TUBI	NG SIZE		DEPTH SET			SACKS CEM	ENT
V. TEST DATA AND REOU	FST FOR A	LLOWAK	LÆ						

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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size **Tubing Pressure** Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF

GAS WELL								
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing 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.

Signature GUY A. BABER III PRESIDENT Printed Name 31, 1990 505-393-5516

## OIL CONSERVATION DIVISION

AUG 1 0 1990 Date Approved \_ ORIGINAL SIGNED BY By\_ MIKE WILLIAMS

SUPERVISOR, DISTRICT IF

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.

Title\_

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

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.