Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department   RECEIVED

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

AUG -3 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I.

Operator	Well API No.
BABER WELL SERVICING CO. ✓	

Address
P. O. BOX 1772, HOBBS, NM 88240

Reason(s) for Filing (Check proper box)

				☐ Other (Please explain)
New Well ☐		Change in Transporter of:		
Recompletion ☐	Oil	☐ Dry Gas ☐		
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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ACREY	3Y	EMPIRE (Y-SR)	State, Federal, Fee	B8318

Location

Unit Letter ___F___ : ___2260___ Feet From The ___N___ Line and ___1650___ Feet From The ___W___ Line

Section __36__ Township __17S__ Range __27E__ , NMPM, __EDDY__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ NAVAJO	Address (Give address to which approved copy of this form is to be sent) P. O. DRAWER 159, ARTESIA, NM 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.	Is gas actually connected?	When ?
	F	36	17S	27E		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

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						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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 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 JULY 31, 1990   505-393-5516

Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved ___AUG 1 ~ 1990___

By ___ORIGINAL SIGNED BY___
MIKE WILLIAMS
Title ___SUPERVISOR, DISTRICT II___

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.