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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 AUG - 3'90

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u> </u>		IOIDA	AINOL		- AND IN	I UHAL	ACADA.	OFFIC	li.				
Operator BABER WELL SERVICI	NG CO							Well	API No.	^	V ₂ / ()		
Address	ng CU.	<u> </u>		-				<u>a</u>		00	<i>00</i> 7		
P. O. BOX 1772, HOB	BS, NM	88240											
Reason(s) for Filing (Check proper box)					Otl	ner (Please	explain)						
New Well		Change in	1										
Recompletion X	Oil		Dry G	_									
If change of operator give name	Casinghea		Conde										
and address of previous operator	LUE SKY		CTIO	N									
II. DESCRIPTION OF WELL Lease Name	AND LE		T	, , ,	 -								
HOMAN I RED LAKE									of Lease Lease No. REGINAL XINTEK B 10992				
Location Unit Letter H	23	10	E. A.E.		N ,	. 3	330	_		Е			
Omt Letter	_		_ Peel Fi	rom The	Lin	e and		Fe	et From The	-	Line		
Section 36 Townshi	p 17S		Range	27E	, N	МРМ,	EDD	Y			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil	X	or Conder			Address (Giv		-	•		orm is to be s	ent)		
OLAVAN		P. O. DRAWER 159, ARTESIA, NM 88210											
Name of Authorized Transporter of Casin	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? Who					n ?			
	<u> </u>	36	<u> 178</u>	<u> </u>	<u> </u>								
If this production is commingled with that IV. COMPLETION DATA	rrom any oth	er lease or	pool, giv	ve commingi	ing order num	ber:							
IV. COMILETION DATA		Oil Well		Gas Well	New Well	Workove	. 5:	I	Din - P1	In. D.	hier n		
Designate Type of Completion	- (X)	1011 44 611	' '	Jas WEll	1 HEW MEIL	i workove	ı I De	epen	riug 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 Casin	g Shoe			
	Т	UBING,	CASI	NG AND	CEMENTI	NG REC	ORD		!				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
	-												
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE										
OIL WELL (Test must be after t				oil and must	be equal to or	exceed ton	allowable	for this	denth or he	for full 24 hou	re l		
Date First New Oil Run To Tank	Date of Tes		-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Producing Me					or just 24 nou			
						•	, 0-	•	•	4/01/	(A 19).		
Length of Test	Tubing Pre	ssure			Casing Press.	ire			Choke Size	/ 000 -	20 00		
		· 								<u>S:</u> ⁄	パンンと		
tual Prod. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF					
CACWELL	1				<u>L.</u>				l	4 1666	6 1-		
GAS WELL Actual Prod. Test - MCF/D	Length of	Feet			Phie Co-de-	sate A A CT	2		Constant 60				
connect they that _ MICIATA	rengin or	1 501			Bbls. Conden	MIC/MIMC	-		Gravity of C	ondensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
UT ODED A TOP CONTROL	<u> </u>		<u> </u>						<u> </u>				
VI. OPERATOR CERTIFIC				ICE	(און ככ	MCE	B///	TION	DIVISIO	M		
I hereby certify that the rules and regul Division have been complied with and							JINOE	: : v /-	TION	אוסומוח	N N		
is true and complete to the best of my l			AL MUUVE	•		A		Atte	1 0 10	90			
emm 1	-				Date	Approv	ved	MUS	1019				
MITALL													
Signature GUY A. BABER III PRESIDENT					By ORIGINAL SIGNED BY								
Printed Name	PRESIDENT Title 505-393-5516				MIKE WILLIAM3 Title SUPERVISOR, DISTRICT IF								
JULY 31, 1990					Litie	501	CIVNO	V17. L	<u> MSTRICT</u>	11			
Date		Tele	phone N	o.									

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.