

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

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

RECEIVED  
AUG - 3 '90

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS, C. D.**

**I. OPERATOR**  
Operator **BABER WELL SERVICING COMPANY** ✓  
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 **DELHI** Well No. **3** Pool Name, Including Formation **EMPIRE (Y-SR)** Kind of Lease **Leasehold** Lease No. **B11538**  
Location  
Unit Letter **L** : **2310** Feet From The **S** Line and **990** 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 ☐ 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 **C** Sec. **36** Twp. **17S** Rge. **27E** Is gas actually connected? When ?

**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 **8-10-90**  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF. **Chg 01**

**GAS WELL**  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, 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** Title **505-393-5516**  
Date Telephone No.

**OIL CONSERVATION DIVISION**  
Date Approved **AUG 10 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.