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

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See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 12'90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			•		exico 8/3				w				
I.					BLE AND AND NA		_		SALAN OF	fiC E			
Operator							Well API No.						
BABER WELL SERVICING COMPANY Address						30				-015-01621			
P. O. BOX 1772, H	OBBS, N	M 882	40										
Reason(s) for Filing (Check proper box)					O	ther (Please	explain)			•		
New Weli	0.1	Change in	-										
Recompletion	Oil Casinghea	d Gas 🗀	Dry Gas Condens	_									
If change of operator give name	BLUE SK								 				
II. DESCRIPTION OF WELL				· ·									
Lease Name	, ,	Well No.	1		ng Formation				of Lease		Lease No.		
SUNRAY STATE Location		2	EM	PIRE (Y-SR)			State	State, Federal or Fee		B11593		
Unit Letter E	. 1	650	Feet Fro	om The	N I	ne and	99	0 =	et From The	W	Line		
20	_ ·	_	, rea m			me and			_		Line		
Section 30 Townsh	ip 17	<u>S</u>	Range	28E	,1	NMPM,		EDD	Y		County		
III. DESIGNATION OF TRAN	NSPORTE	R OF O	IL ANI	D NATU	RAL GAS	3							
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)								
NAVAJO									ESIA, NM 88210				
Name of Authorized Transporter of Casin	ighead Gas		or Dry (Gas	Address (G	ive address	to which	h approved	copy of this fo	rm is so be se	nt)		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 30	Тwp.	Rge.	Is gas actually connected? Whe			When	1?				
If this production is commingled with that					ing order nu	nber:							
IV. COMPLETION DATA		100 27			1				· · · · · · · · · · · · · · · · · · ·	-			
Designate Type of Completion	- (X)	Oil Well	l G	ias Well	New Wel	l Workov I	/er	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	<u>l.</u>			P.B.T.D.		-		
Elauntions (DE DVD DT CD					Ton Oil/Con Park								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations	<u></u>				<u> </u>			-	Depth Casing	Shoe			
		TIDING	CASIN	IC AND	CEMENIT	TNC DEC	CORD		<u> </u>				
HOLE SIZE		ASING AND CEMENTING RECORD NG SIZE DEPTH SET					SACKS CEMENT						
	- U.	CASING & TUBING SIZE				DEF (11 SE)				Post ID-3			
										7-20-90			
									who age				
V. TEST DATA AND REQUE		1											
				il and must	be equal to	or exceed to	n allow	able for this	depth or he fo	er full 24 hou	re)		
Date First New Oil Run To Tank	r recovery of total volume of load oil and must Date of Test				Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
CAC WELL		· · · · ·					···-						
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls, Cond	ensate/MM/	CF	•	Gravity of Co	ndensate			
						Dois. Concension virtual Ci							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC	CATE OF	COME	LIAN	ICE		OII 0	ONIC		ATION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVA				-			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved				JUL 1 6 1990			
971751. 17	1/2 n				Dai	e whbu	oved						
Signature Signature						By ORIGINAL SIGNED BY							
GUY A. BABER III PRESIDENT Printed Name Title						MIKE WILLIAMS							
JULY 11, 1990		505-39	3-551		Title	e	.):ر. 			WOLLS			
Date		Tele	phone N	o	11					المعطوس بدراء والسوسي			

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.