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Submit S Copies Appropriate District Office	Energy Miner	State of New	Mexico			Form	C-104
DISTRICTI	Energy, Minera	is and Natura	l Resources Depar	tment		Revise	d 1-1-89
P.O. Box 1980, Hobbs, NM 88240	OT CON	CEDVAT			MAR 1	4 1004	structions form of Pag
P.O. Drawer DD, Anesia, NM 882		P.O. Box	ION DIVISI	ON			
DISTRICT III			2088 co 87504-2088				
1000 Rio Brazos Rd., Artec, NM 8	7410						
I.	HEQUEST FOR A	LLOWABL	EAND AUTHOR		1		
1. Operator	TO TRANSP	ORT OIL A	ND NATURAL	GAS			
•	RN MANAGEMENT CORP		/	1	I API No.		· <u> </u>
Address	CORF	OKALLON		30	015-0163	33	
P.O. BOX		1 88241					
Reason(s) for Filing (Check proper New Well	bax)		XX Other (Please ex	plain)		<u>_</u>	
Recompletion	Change In Transpo	xtor of:			· ,		
Change in Opennor	Oil Dry Ga Caslaghead Gas [] Conden		OPERATOR	R NAME	CHANGE	ONLY	
If change of operator give name and address of previous operator	BABER WELL SERVIC			•			
-		ING COM	PANY P.O.	BOX 17	72 HOB	<u>BS, NM</u>	1 8824
II. DESCRIPTION OF WI	ELL AND LEASE						
Lease Name ASTON & FA	Well No. Pool Na	ame, Including F	omution	KLO	of Lease	L	case No.
Location	AIR "A: 1 D RED) LAKE QUI	EEN GRAYBURG	SA (Suid	Federal or Fee	B586	2
Unit Letter D	330	N					
Unit Lener	Feet Fro	om The <u>N</u>	Line and3	30 1	eet From The	W	Lin
Section 31 Tor	waship 17S Range	28E	NMPM,		PDD77		
					EDDY		County
II. DESIGNATION OF TI	RANSPORTER OF OIL AND) NATURAI	L GAS				
Name of Authonized Transporter of (TEMPORARILY ABANDO	or Condensate r	Add	tress (Give address to m	hich approve	d copy of this for	m is to be ser	v)
Name of Authonized Transporter of (
	Casinghead Gas or Dry C	bbA Add	ress (Give address to w	hich approved	l copy of this for	m is to be sen	u)
If well produces oil or liquids,	Unit Soc. Twp.	Rae Lea	as actually connected?	1			
ive location of tanks.		1		When	17		
f this production is commingled with	that from any other lease or pool, give	commingling or	vier number:		· · · · · · · · · · · · · · · · · · ·		
V. COMPLETION DATA		- Bring of				<u></u>	
Designate Type of Complet	ion 00 Oil Well Ga	As Well Ne	w Well Workover	Deepen	Plug Back S	The Bachy	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			İ			2011 REEV.
	Date Compt. Ready to Prod.	lota	Depth		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top	Oil/Gas Pay				
erfortuons			·		Tubing Depth		
	_				Depth Casing S	live	
	TUDDIG GLODI						
HOLE SIZE	TUBING, CASING	J AND CEM		D			
	CASING & TUBING SIZ						1T
		<u> </u>	DEPTH SET		SAC	CKS CEMEN	
			DEPTH SET		- PAN	I D	3
· · · · · · · · · · · · · · · · · · ·			DEPTH SET		PAN PAN 3-	ID- 25 9	3
			DEPTH SET		PAN 1-3-	ID ID 75 99 F M	3
TEST DATA AND REQU	EST FOR ALLOWABLE					ID: 25 99 5 99	3
IL WELL (Test must be after	er recovery of total volume of load oil i	and must be equi	al 10 or exceed top allo	nable for this	depih or be for 1	ID: 25 99 5 99	3
IL WELL (Test must be after	JEST FOR ALLOWABLE er recovery of total volume of load oil o Date of Test	and must be equi		mable for this np, gas lift, et	depih or be for 1	ID: 25 99 5 99	3
IL WELL (Test must be after ale First New Oil Run To Tank	er recovery of total volume of load oil i Date of Tex	and mutt be equi	al to or exceed top allo cing Method (Flow, pur	mable for this mp, gas lift, et	depth or be for f	ID: 25 99 5 99	3
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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 All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transmission