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

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

State of New Mexico gy, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions



DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa	re, new M	exico 8/30	J4-2088		و د	D.	
• •	REQUEST FOR						ALTONO.	
I.	TOTRANS	SPORT OIL	AND NA	TURAL GA				
Operator C.E. LaRue and B.N		Well API No. 30-015-03951						
Address PO Box 470 Arte	sia, NM 88210							
Reason(s) for Filing (Check proper box)			Oth	ner (Please expla	iin)			
New Well	Change in Tra	. —	_	•				
Recompletion U Change in Operator	Oil X Dr. Casinghead Gas Co	y Gas						
If change of operator give name and address of previous operator								· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL	AND LEASE			-				
Lease Name	Well No. Pool Name, Including Formation				Kind o	Kind of Lease No.		
Dekalb Federal	2 Square Lake (G.SA)					Federal or Fee NMO4393		
Location Unit Letter 0	: 660 Fe	et From The So			30 _{Fe}	et From The	East	Line
Section 31 Township		nge 30E		мрм,	Eddy			County
								County
III. DESIGNATION OF TRAN								
Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be								ni)
Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas			PO Bo	<u>× 175 /</u>	<u>Artesia</u>	NM 88210 copy of this form is to be sent)		
The control of the co	01	Diy Gas	Address (On	e adaress to wh	ıcn approvea	copy of this for	m is to be se	nt)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? Whe				When	n ?		
If this production is commingled with that i				ber:				<u></u> .
IV. COMPLETION DATA								
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations			I			Depth Casing Shoe		
	TUBING, CA	SING AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
						Post ID-3		
						4-28-89		
						chy DT: THM		
V. TEST DATA AND REQUES	T FOR ALLOWAR	LIE.	1			~		
-	ecovery of total volume of le		be equal to or	exceed top allo	wable for this	s depth or be for	r full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, et						
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL	<u> </u>	,,				1		
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 ODED ATOD CEDTERO	ATE OF COLERY	ANICE	 					
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and	ations of the Oil Conservation	on		OIL CON	ISERV	ATION E	IVISIC	N
is true and complete to the best of my h		LOTE	Date	e Approve	d AP	R 2 5 19	89	
Onn						R _V		
Signature P. N. Munou In Connection				By Original Signed By				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

4-19-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

SHIPERUISOR DISTRICT M

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

<u>(505)746-6651</u>

- 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.