Submit 5 Copies Appropriate District Office DISTRICT	State of New Mexico renergy, Minerals and Natural Resources Department					Form C-104 Revised 1-1-89 RECEIVEDat Bottom of Page		
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISI P.O. Box 2088				Ν	AUG 1 9 1993		
DISTRICT III		Santa	Fe, New Me	exico 87504-2088		G. (, D.	1	
1000 Rio Brazos Rd., Aztec, NM 87410				LE AND AUTHORIZ	S	e server a construction of		
Operator						150488700	c	
GENERAL NEW MEXICO				······	100	120400 100		
PO BOX 3225 CARLSB	AD, NM 8	38221	-3225	Cuber (Plasse evelai	<u></u>			
Reason(s) for Filing (Check proper box) New Well	Cha	nge in Tra	asporter of:	Other (Please explai	nj			
Recompletion	Oil	Drg	Gas 🗌					
Change in Operator <u>k</u> X If change of operator give name	Casinghead Ga		ndensate			202		
and address of previous operator _GLE	N PLEMOI	VS PO	BOX 96	5 WOLFFORTH TE	XAS /S	1302	<u> </u>	
II. DESCRIPTION OF WELL A			A Name Includio	a Formation	Kindo	Lease feed Le	ase No.	
Lease Name CHASE FEATHERSTONE		INO. POC	Name, Includia QUARE L.	AKE G-SA		RALOT NM05		
Location	- <u></u>					 FFT		
Unit LetterP	: 330	Fee	From The F	SL Line and 330	Fee	t From The <u>FEL</u>	Line	
Section 27 Township	16 5	Ra	1ge 31E	, NMPM, EDI	Y		County	
III. DESIGNATION OF TRANS	07(FOIL	AND NATU	RAL GAS Address (Give address 10 whi	ch approved a	opy of this form is to be set	n)	
PRIDE PIPELINE COM				PO BOX 2436 1	BILENI	<u>E TEXAS 79604</u>	1	
Name of Authorized Transporter of Casing		or l	Dry Gas 🛄	Address (Give address to whi	ch approved (copy of this form is to be set	v)	
NONE If well produces oil or liquids,	Unit Sec.	 Tw	p. Rge.	Is gas actually connected?	When	,		
give location of tanks.	P 3	•	6 5 31E	NO]	
If this production is commingled with that f	rom any other lea	ise or pool	, give commingl	ng order number:		······································		
IV. COMPLETION DATA		l Well	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)				i	<u> </u>	.I	
Date Spudded	Date Compl. Re	ady to Pro	d.	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	
				CEMENTING RECORD DEPTH SET		SACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE					Port ID-	.3	
						8-27-9	3	
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE ,	L				
OIL WELL (Test must be after ru	ecovery of total v	olume of l	oad oil and must	be equal to or exceed top allo Producing Method (Flow, put	wable for this	depth or be for full 24 hou	<u>rs.)</u>	
Date First New Oil Run To Tank	Date of Test			Producing Michiod (Prow, pu	тр, Каз 191, ен			
Length of Test	Tubing Pressure			Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF		
GAS WELL	- h					•		
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. OPERATOR CERTIFIC	ATE OF C	OMPL	IANCE					
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.				OIL CONSERVATION DIVISION			ли И	
				AUG 2 7 1993				
				Date Approved				
Signature 1 01				ByORIGINAL SIGNED BY				
Glen Phemoni Copros				MIKE WELLAMS				
9-15-93 505-397-5099				Title	PERVISOR	DISTRICT		
Date		Telepho	one No.			م ر در در م رم		

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.