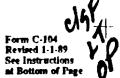
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICTI

## State of New Mexico Energy, Minerals and Natural Resources Department



## **OIL CONSERVATION DIVISION**

MECRIVED

P.O. Drawer DD, Artesia, NM 88210		Sa	nta Re		ox 2000 exico 8750	M_2088		111	1 9 X 100	12		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			·						L 2 8 199	7 <b>.</b>		
• •				–	BLE AND				Q1,0.	~.1		
Operator		O TRA	NSPC	DRT OIL	AND NA	TURAL		wai A	PINO			
GENERAL NEW MEX	ICO, IN	ic.					1		_ = - : <del>= :</del>			
Address												
Box 3225, Carls	bad, Ne	w Mexi	ico 88	8220	- C-	(D)						
Reason(s) for Filing (Check proper box)  New Well		Change is	Tenance	ter of:		et (Please et	хркант)					
Recompletion	Oil		Dry Gas		E	ffecti	ve Jul	ly 1	, 1993			
Change in Operator	Casinghead		Condon									
If change of operator give name and address or previous operator	Glen Pl	emons,	, Box	113,	Lovingto	n, New	Mexic	0 88	3260			
IL DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	Well No. Pool Name, Includ			ing Formation Kind			Kind o	of Lesse Food, Pederal or Fee				
Kennedy Johnson	ı A	2	GR	lacksor	Q-GR-	SA		State,	Federal or Fee	Lc o	56302	
Location J	19	80			South		1980			East		
Unit Letter	_ :		. Feet Pro	om The	Lin	e and	1700	Fe	et From The _		Line	
Section 35 Townshi	p 16	S	Range	31	E , N	мрм,		Eddy	7		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		NATU	KAL GAS	e address in	which an	proved	copy of this fo	rm is to be se	ent)	
Pride Pipeline Co	mpany		-	، ت	1		-		cas 79604			
Name of Authorized Transporter of Chain			or Dry	Cles	Address (Giv	e eddress to	which ap	proved	copy of this fo	rm is to be se	ent)	
None			·	γ	ļ <u>.</u>		<u>.                                      </u>					
If well produces oil or liquids, give location of tanks.	Unsit	<b>Sec.</b> 35	165	Rge.	1 -	<b>y co<del>un</del>ected</b> No	17   	When	7			
If this production is commingled with that	<del></del>											
IV. COMPLETION DATA												
Designate Type of Completion	- (Y)	Off Mell	C	les Well	New Well	Workove	r De	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	<del></del>	Total Depth	L			P.B.T.D.		_1	
Date of Grands												
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Po	presetion		Top Oil/Gas Pay			-	Tubing Depth			
Perforations	1								Depth Casing Shoe			
Leionion										,		
	T	UBING,	CASIN	NG AND	CEMENTI	NG REC	ORD		·			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
١										20-9		
· · · · · · · · · · · · · · · · · · ·									the morane			
									The second second			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE									
OIL WELL (Test must be after t	<del></del>		of load o	il and mus	Producing M	exceed top	allowable	for this	i depth or be fi	or full 24 hou	#3.)	
Date First New Oil Run To Tank	Date of Tes	<b>t</b>			Producing In	BUIDU (FION	r, parrep, go	<i>a</i> 191, 0	uc.,			
Length of Test	Tubing Pressure			Casing Pressure				Choke Size				
								Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				UMF MCF			
	1				J				<u> </u>	<del></del> -		
GAS WELL Actual Frod Test - MCF/D	I comb of Torr				Bbls. Condensate/MMCF				Gravity of Condensate			
Actual Frod. Lest - MICI/ID	Length of Test											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
					ļ,				<u> </u>			
VI. OPERATOR CERTIFIC				ICE	11 6	)II C	ONSE	:RV	ATION I	DIVISIO	ON	
I hereby certify that the rules and regu	lations of the	Oil Conses	rvation				JIVOL			517101	J14	
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.					Date ApprovedAUG 1 1 1993							
		1			Dale	- Thhin	46U _			<del></del>		
- 1 James	X	un.			By_		NA IS IS IS	<b>~.</b> ~				
Signature Nancy King		_/ <sub>λ.</sub>	ent_		-	• • • •	H <del>GINAL</del> KE WILI		NED BY			
Primed Name			Title		Title				o DISTRICT			

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

Date

7-27-93

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

Title

SUPERVISOR DISTRICT II

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

Agent Title 505 746-4309

- 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.