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 | VED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 AUG -3 '90

DISTRICT III		
1000 D:- D D 1	A .	

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

1000 Rio Brazos Rd., Azzec, NM 87410
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.			TO TRA	NSF	PORTO	IL AND NA	ATURAL®	FASSA, OFFIC	E	
Operator		-	/	,					API No.	
BABER WELL S Address	ERVICIN	IG COMP	ANY /			· · · · · · · · · · · · · · · · · · ·				
P. O. BOX 17	72. HOE	BBS. NM	8824	0						
Reason(s) for Filing (Check pr						Ot	her (Please exp	lain)		
New Well			Change in	-						
Recompletion		Oil Casinghea		Dry G						
If change of operator give nam	e									
and address of previous operate	х	BLUE S	KY PRO	DUCT	TON					-
II. DESCRIPTION OF	WELL	AND LEA		1=	·					
Lease Name STATE							of Lease	Lease No.		
Location					D LIAKE	Q G SA				Е 379
Unit Letter M		:33	0	Feet F	from The _	S Li	ne and92	<u>0</u> Fe	et From The	W_Line
Section 36	Township	1	7S	Range	. 2	7E , N	ІМРМ,	EDDY		County
III. DESIGNATION O	F TRANS	SPORTE	R OF OI	IL AN	D NATU	JRAL GAS				
Name of Authorized Transport NAVAJO	er of Oil	X	or Conden			Address (Gi			copy of this form i	
Name of Authorized Transport	er of Casing	head Gas		or Dry	· Gas C				TESIA, NM	
	or or casing	ikag Cas		or Diy	Gas	Address (G)	ve adaress to w	hich approved	copy of this form i	s to be sent)
If well produces oil or liquids, give location of tanks.		Unit M	Sec. 36	Twp.		. Is gas actual	ly connected?	When	?	
If this production is commingled IV. COMPLETION DA	d with that fi	rom any othe	er lease or p	pool, gi	ve comming	ling order num	iber:			
Designate Type of Co	mpletion -	(X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v Diff Res'v
Date Spudded		Date Comp	l. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	1
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations			 		, <u>.</u>	<u> </u>		- 1 T T T T T T T T T T T T T T T T T T	Depth Casing Sho	De .
		<u>7'</u>	IIRING	CASI	NG AND	CEMENT	NC PECOD	<u> </u>		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT					
		•••								
								······································		
	-									
V. TEST DATA AND I	_						· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test mus Date First New Oil Run To Tar		Date of Test		f load	oil and mus				depth or be for ful	l 24 hours.)
Date I has I to W On Run 10 1an		Date of Test	į.			Flouncing M	ethod (Flow, pi	ımp, gas ıyı, ei	•	ار ترسیسی در
Length of Test		Tubing Pressure		Casing Pressure		Choke Size 5 10 - 90				
Actual Prod. During Test		Oil - Bbls.		Water - Bbis.			Gas-MCF			
GAS WELL						<u> </u>			<u> </u>	11501 601
Actual Prod. Test - MCF/D	.	Length of Test			Bbis. Condensate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CE	STIFICA	TF OF	CUMDI	TAN	JCF	1				
I hereby certify that the rules	and regulati	ions of the C	Dil Conserva	ation		(DIL CON	ISERVA	ATION DIV	ISION
Division have been complied is true and complete to the b	l with and th	at the inform	nation give	n above	;	11				
	/	owicage and	ı deilei.			Date	Approve	d AUS	1 0 1990	
TIVNIN	len									·
Signature DAPUR TILL			∥ By_	, , , , , , , , , , , , , , , , , , , ,						
GUY A. BABER Printed Name	TTT	PRESDIENT Title			MIKE WILLIAM3 Title SUPERVISOR, DISTRICT IF					
)		505-3		5516	Title	SUPER	WIDOM, DI	OTRICI II	

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.