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

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 RECEIVED ised 1-1-89 Instructions at Bottom of Page

O. C. D.

DISTRICT III			
10x10 Rio Brazos Rd	Artes MM	9741A	

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-10246 W.R. ERICKSEN Address PO BOX 1100, HOBBS, NM 88240 Other (Please explain) keason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion XChange in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator E.L. LATHAM JR. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee ATLANTIC STATE VANDAGRIFF 4050 Location Feet From The SOUTH Line and 1980 Feet From The WEST 660 Umi Letter . 4 Township Range 28E , NMPM, EDDY 175 County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) or Dry Gas 🔯 Name of Authorized Transporter of Casinghead Gas 4404 PENBROOK. ODESSA, TX 79762 GPM GAS CORP Is gas actually connected? When? If well produces oil or liquids, Sec. Twp. Rge. give location of tanks. YFS 6/29/89 If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE Post ID-3 1-29-9 a cha V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 2 5 1993 is true and complete to the best of my knowledge and belief. Date Approved \_

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

Signature W.R.

Date

Printed Name

1/5/93

. ERICKSEN

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

By\_

Title

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

OPERATOR

Title

505 - 393 - 6141 Telephone No.

- 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.