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State of New Mexico

Submit 5 Copies	
Appropriate District Office	

Linemie and Natural Recourses D

Form C-104
Revised 1-1-29
See Instructions
at Bottom of Pag

Appropriate District Office					na resour				See Instructions at Bottom of Page		
P.O. BOI 1910, HODDE, NM 11240	JL 24 '89	OIL CO	ONS	ERVA	TION D	IVISIO	N [Santa Fe	TIO		
OISTRICT II 2.0. Drive DD, Ausel NM 12210	O. C. D.	San	ta Fe.	P.O. Bo	ox 2088 exico 8750	4-2088		File Transporter	Oit		
OISTRICT III 1000 kio Brizo Re, Aree, NM 1489	ESIA, OFFICE						PATIONE	Operator	Gas		
ı .	neu.	TO TRAI	NSPC	RT OIL	AND NAT	URAL GA	S				
Operator							Wall	ON NO.			
Read & Steve	ens, Inc	. <i>V</i>									
P.O. Box 151		ell. NM	882	02							
Reason(s) for Filing (Check proper box)	Change is ?	Truspor	ter of:	∑ Out	et (Please expla	iùi)				
Recompletios 🔲	Oil		Dry Gas								
Change of operator give same	Castaghe	rq Qra []	Conden	nte 📗	Was Bo	gle Farm	s #1, #1	E-8560			
and extrem of previous operator				···							
II. DESCRIPTION OF WEL	L AND LE		Baal Ma	- ladud	ng Formation		l Visa	of Lease	I lana Na		
BHWFU		9			ill Penr	ose Att		FACILITY FA	Lease No.		
Location					_						
Unit Letter	— :——i	1980	Feat Pro	4dT ax	S Um	s and6	60F	et From The	W Une		
Section 13 Town	165 والح	<u> </u>	Ringe	31E	<u></u>	мрм,	Edd	у	County		
III. DESIGNATION OF TRA	NSPORT	ER OF OI	L ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden				e address so wi	ich approved	copy of this for	m is to be seri)		
Name of Authorized Treasporter of Ca	siaphead Gas		or Dry (G44 []	Address (Giv	a address to wi	ich annrous	eapy of this for	m le to he sent		
V well produces oil or liquids, pre locacios of teats.	Unik	Sec	Twp	Rgs.	le gae actually	y sonsected?	When	. 7			
If this production is commingled with the	of lose say of	her lease or p	cal, give	e comming	ing order sumi	ser:					
IV. COMPLETION DATA		Ou Well	7	las Well	New Well	Workover	Deepes	Plug Back S	iame Res'v Diff Res'v		
Designate Type of Complete		<u> </u>	<u> i </u>		<u>i</u>	WOLLOVE) Despes	Full Pres	ame kerv jan kerv		
Date Speeded	Date Con	npl. Ready to	Prod.		Total Depth		1	P.B.T.D.			
Elembous (DF, RXB, RT, GR, ue)	Name of	Producing Fo	nnatios		Top OIVGE	Pay	•	Tubing Depth			
7erformod					<u> </u>		· · · · · · · · · · · · · · · · · · ·	Depth Casing	Shoe		
		<u> </u>									
UO E CITE					CEMENTING RECORD			1			
HOLE SIZE	- 67	Casing & Tubing Size				DEPTH SET			SACKS CEMENT		
TEST DATA AND REQU											
DIL WELL Tell must be after Date Fire New Oil Rus To Teak	Date of T		fload o	السم لمدد ال		exceed top allo whos (Flow, pu			full 24 kours.)		
Leogth of Tes	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbla				Water - Bbls			Gas- MCF			
					[POST ID		
GAS WELL							1	·	ala 11.28-89		
· ·	Leagth of	Teal			Bols, Condes	MEN-MINIST		Gravity of Cos	ides de		
scieg Method (pilor, back pr.)	Tubing Pr	erens (2pre-	<u>n)</u>		Casing Press	ue (Zprog-ta)		Choke Size			
VI ODED ATOD COD	<u> </u>		7.55		 						
VI. OPERATOR CERTIFI I hereby certify that the rules and pri				CE	∥ c	OIL CON	SERV	ATION D	IVISION		
Division have been complied with a	ed that the lafe	aranatioa zive	above		11						
	, wowedge i	PENEL.			Date	Approved	d	L 2 5 198	<u>19</u>		
70/m (1)	lates	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Ву_	O RIG	SINAL SIG	NED BY			
John C. Maxey,	Jr. Pe	troleum	Eng	ineer	By —	MIKE	WILLIAN	MS			
Printed Name 5-30-89			Title		Title.			DISTRICT	19		
Date 5-30-89	202/02		Acres No		ll .	والمالية والمالية	4-pp	1			

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.

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