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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 15'89

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 8741	IO REQUEST I	FOR ALLOV	VARI F ANI	AUTHOR	IZATION '	0. C. D.				
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						CESIA, OFFICE				
Operator /						Well API No.				
	L CORPORATI	on 🗸								
Address										
P. O. BOX	5970 НОВВ	S, NEW M	MEXICO 8	8241						
Reason(s) for Filing (Check proper box	r)			Other (Please exp	lain)					
New Well	Change	in Transporter of:								
Recompletion	Oil [	Dry Gas								
Change in Operator	Casinghead Gas	Condensate								
f change of operator give name and address of previous operatorH	ANOVER PETR	OLEUM CO	RPORATI	ON, P. C	BOX	500, DE	NVER,	CO. 802		
I. DESCRIPTION OF WEL	L AND LEASE									
		cluding Formation	OND.		Kind of Lease		Lease No. B = 4575			
STATE	STATE #2 EMPIRE		RE ABO		State,	State, Federal or Fee		B-45/5		
Location										
Unit Letter P	. 360	Feet From The	e South	ine and33	<sup>3 0</sup> Fe	et From The	East	Line		
Section 28 Town	aship 17S	Range 28 B	Ξ,	NMPM, I	EDDY			County		
III. DESIGNATION OF TRA			TURAL GA	S			<del></del>			
Name of Authorized Transporter of Oi	I X or Cond		l i	Give address to w						
TEXACO TRADING AN		ATION, I	INC P.O.	BOX 5568	B, DENV	ER, CO.	80217			
Name of Authorized Transporter of Ca		or Dry Gas	Address (	Give address to w		* * * *		1)		
PHILLIPS 66 NATUR	RAL GAS COMP	ANY	BART	LESVILLE	E, OKLA	HOMA 74	007			
If well produces oil or liquids,	Unit , Sec.	Twp.	Rge. Is gas actu	ally connected?	When	?	A 1			
ive location of tanks.	N127	117 122	8	Ven		3-15-	71			
this production is commingled with the	hat from any other lease	or pool, give com	mingling order n	ımber:						
V. COMPLETION DATA	-	•								
Designate Type of Completic	on - (X)	ell Gas We	eil New Wo	il Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready	to Prod.	Total Dep	ih		P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Formation	Top Oil/G	Top Oil/Gas Pay		Tubing Depth				
, , , , , , , , , , , , , , , , , , , ,										
Perforations						Depth Casing	Shoe			
	TUBINO	G, CASING A	ND CEMEN	TING RECOR	RD					
HOLE SIZE				DEPTH SET			SACKS CEMENT			
TIVEL VILL	<u> </u>	OAGING & TOBING SIZE								
		<del></del>								
			······································				<del></del>			
					<del> </del>	<u> </u>				
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE				<u> </u>				
	er recovery of total volun		must be equal to	or exceed ton all	lowable for thi	s depth or be for	r full 24 hours	s.)		
Date First New Oil Run To Tank	Date of Test		Producino	Method (Flow, p	oump, gas lift.	etc.)				
being 1 Hot 1 to to At All 10 1 to 1	Date Of 1 CBL					-	PT	ナローマ		
Length of Test	Tubing Dressies	Tubing Pressure			Casing Pressure			7- 89		
rental or see	THOUR LICENTIC					Choke Size 3-17-89				
Actual Prod. During Test	Oil - Bbls.	Oil Phi-			Water - Bbis.			<del>)                                    </del>		
LIVING LIGHT FAITHER LESS	Oli - Dois.		11201 12	<del></del>				•		
						<u> </u>				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
							Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (St	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			•		
-										
VI. OPERATOR CERTIF	TCATE OF COM	PI IANCE								
			[]	OIL COI	<b>NSERV</b>	ATION E	DIVISIO	N		
I hereby certify that the rules and re Division have been complied with a						<del></del>				
is true and complete to the best of t					, ,	MAD 1 17	1000			
		$\mathcal L$	Da	te Approve	eaI	MAR 1 7	1909			
1 His 10.	Africa	1	11							
	J-1000	· · · · · · · · · · · · · · · · · · ·	– ∥ Bv		Original S	igned By				
Signature VAMIN M	ERCHANT - P	RESTDENT	11 1		Mike W	igned By Alliams				
MOHAMMED YAMIN MERCHANT - PRESIDENT Printed Name Title			11	-						
/ [ 0 [ ] 2 0 7 2 5 0 6				Title						

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.

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.

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