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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION RECEIVED
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG -3 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS O. C. D.

I.

Operator	Well API No.
BABER WELL SERVICING COMPANY	

Address
P. O. BOX 1772, HOBBS, NM 88240

Reason(s) for Filing *(Check proper box)*

New Well	☐		Change in Transporter of:		☐ Other *(Please explain)*
Recompletion	☐	Oil	☐ Dry Gas	☐	
Change in Operator	☒	Casinghead Gas ☐	Condensate	☐	

If change of operator give name and address of previous operator _____ **BLUE SKY PRODUCTION** _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 7	Pool Name, Including Formation RED LAKE Q-G-SA	Kind of Lease State, ~~XXXXXXXX~~	Lease No. E 379

Location

Unit Letter __M__ : __360__ Feet From The __S__ Line and __455__ Feet From The __W__ Line

Section 36　Township 17S　Range 27E , NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ NAVAJO	Address *(Give address to which approved copy of this form is to be sent)* P. O. DRAWER 159, ARTESIA, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 17S	Rge. 27E	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(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.)*
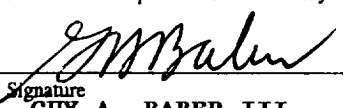
Date First New Oil Run To Tank	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature _____
GUY A. BABER III

PRESDIENT
Title

Printed Name _____
JULY 31, 1990

505-393-5516
Telephone No.

Date

OIL CONSERVATION DIVISION

Date Approved __AUG 1 0 1990__

By __ORIGINAL SIGNED BY__
__MIKE WILLIAMS__

Title __SUPERVISOR, DISTRICT 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.