. 5 Copies priate District Office TRICT 1 Box 1980, Hobbs, NM 88240

ASTRICT II P.O. Drawer DD, Anesia, NM 88210

finerals and Natural Resources Department Energ

State of New Mexico -MECENYED Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 11'90

O. Ç. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQL	JEST FO	OR AL	LOWAE	BLE AND AUTHORIZ	ZATION^	RTECIA, OFFIC	<b>E</b>		
							API No.			
Operator Happy Oil Co., Inc.						300	01501246			
Address										
P.O. Box 770, Artesi	a, NM	88210			Other (Please expla	in)				
Reason(s) for Filing (Check proper bax)		Change in	Transpor	nter of:		•				
New Well	Oil		Dry Gas		Effective .	June 1,	1990			
Recompletion	Casinghea	d Gas	Conden	sate						
If change of operator give name Movels	oh Fne	ray Coi	nora	tion.	P.O. Drawer 217,	Artesia	a, NM 88	210		
and addiese or bis come about a			- 1303							
I. DESCRIPTION OF WELL AND LEASE					Ecomotion	of Lease No.				
Lease Name Well No. Pool Name, Include						rederal oxfex 048491B				
Saunders B		3	IKe	а таке	On Grbg SA		<del></del> ,			
Location A	. 98	10	Cast Dec	m The N	orth Line and 990	Fe	et From The	East	Line	
Unit LetterA	. : <u></u>		rea riu	21					_	
Section 13 Township	17S		Range	<u> 32E</u>	, NMPM,		<u>Eddy</u>		County	
		~			DAT CLE					
III. DESIGNATION OF TRAN	SPORTE	or Conden	L ANI	NATU	Address (Give address to wh	ich approved	copy of this form	n is to be see	nl)	
Name of Authorized Transporter of Oil		Of COMmen	Sait [			••				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.					4001 Penbrook,					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		When				
give location of tanks.	<u> </u>		l	<u></u>	<u>Yes</u>	l	5/1/79			
If this production is commingled with that i	from any oth	er lease or	pool, give	e comming	ing order number:		<del></del>			
IV. COMPLETION DATA					New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	G	ias Well	I MEM MEIL I MOINDACE	l Dahrii			i _	
		pl. Ready to	Prod.		Total Depth	I	P.B.T.D.			
Date Spudded	Date Com	p								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth			
							Depth Casing Shoe			
Perforations							Depair Cusing			
	<del></del>	MIDDIC	CASIN	IC AND	CEMENTING RECOR	D				
		SING & TU			DEPTH SET	<u> </u>	SA	CKS CEM	ENT	
HOLE SIZE	<u></u>	SING & TO	201119				Post ID-3			
	<del> </del>						6-	5-90		
	1						in	- p		
							1			
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE	وريس ادسم ال	t be equal to or exceed top allo	owable for thi	s depth or be for	full 24 hou	rs.)	
OIL WELL (Test must be after r	Date of Te		oj toda o	n ana mus	Producing Method (Flow, pu	ımp, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of 16	5 SL								
Length of Test	Tubing Pr	essure			Casing Pressure		Choke Size			
- San Bar or Terr					Water - Bbls.		Gas- MCF			
Actual Prod. During Test	Oil - Bbls	•			Water - Bols.					
						· · · · · · · · · · · · · · · · · · ·				
GAS WELL					Bbis. Condensate/MMCF		Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Length of Test				Doll. Condensate (1977)					
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
Festing Method (pitot, back pr.)	THORIE I teamine (ones in)									
A TOP OF CENTRE	ATE OI	E COM	OI IAN	JCF.	211.001	IOCDV	4 T 1 ( ) N   E	MARIC	)NI	
VI. OPERATOR CERTIFIC	ations of the	: Oil Consei	rvation	,	OIL CON	49EHV	MIJONE	110101	JI Y	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11		JUN 1	3 1000	)	
is true and complete to the best of my	knowledge a	and belief.			Date Approve	d	JUR 1	0 1000	<u> </u>	
- A		_					٠			
Waven Horson					By		AL SIGNE	) BY		
Signature noce Mason Agent					II MIKE WILLIAMS					
Printed Name					Title SUPERVISOR, DISTRICT IT					
6-8-90	(5	05) 7	ephone N	10 D Q	1	रुक्तान्त्रकास्य व हिल्ला । स्थ	్ గాతుడ్ల ప్రవేశాలలో స్థితి ప్రాణే	and approximately and a second	ger, kili	
		101	արությաց ը	₩,	11					

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

Date

- 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.