Submit 5 Copies Appropriate Diaria Office <u>DISTRICT J</u> 2.0. Box 1980, Hobbs, NM 11240 <u>DISTRICT II</u> 2.0. Driver DD, Arcesis, NM 11210 <u>DISTRICT III</u> 1000 Ruo Brizos Rd., Aziee, NM 17410 I. Operator	UL 24 '(C. J. D ARTESIA OF	Energy, Mi DIL CO San FICE JEST FO	inerals ONSI 112 Fe, 2 OR ALL	and Natur ERVA' P.O. Bo New Me LOWAB	ΓΙΟΝ D x 2088 xico 8750 LE AND A			nsporter erator	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
Read & Steve	ns, Inc.	\checkmark			<u></u>			.1		
Address		1.1						: 1		
P.O. Box 151 Reason(s) for Filing (Check proper bax) New Well Recompletion Change is Operator If change of operator give same		Change in j				obil Mesa	•	E-8560		
and address of previous operator										
Lease Name	Well No. Pool Name, Including Formation BHWFU 2 Bunker Hill Penrose						Kind of Lease Lease No. State, Federal Sector			
BHWFU		2	Bun	iker H1	<u>11 Penro</u>	se 2200	*	1		
Unit LetterD	;6	60	Feat Fro	an The	N Line	and <u>660</u>) Fe	et From The	WLine	
Section 13 Towns	<u>hlp 16</u>	S	Range	31	E ,NA	ирм,	Eddv		County	
III. DESIGNATION OF TRA			T. A NT	ח אאיזיי	AL CAS					
Nime of Authorized Transporter of Oil		or Conden				e address to whi	ch approved	copy of this for	m is to be sent)	
					144		ah			
Name of Authorized Trussporter of Cas	inghead Gas		or Dry (Address (Giv	e address to whi	ch approved	copy of this for	m is to be sent)	
. I well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually or give location of tasks.					y connected?	ted? When ?				
If this production is commingled with th	at from any of	her lease or j	pool, giv	• commingi	ing order aumi	ber;	l			
IV. COMPLETION DATA										
Designate Type of Completio	n • (X)	Oil Well		ias Well	New Well	Workover	Deepen	Piug Back	Same Res'v Diff Res'v	
Date Spusided		ipi. Ready to	Prod		Total Depth	I		P.B.T.D.	I	
Elevaluous (DF, RKB, RT, GR, sic.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perfoncioas					· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe		
				<u>.</u>						
	TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQU					L	·····	<u> </u>	.		
OIL WELL (Test must be after Date First New Oil Run To Tank			of load a	oil and must					r full 24 kours.)	
I UNUE FIND INCH UNI AUB 10 1805	Date of Test				- interest we	Producing Method (Flow, pump, gas lift, e			POST IN-3	
Length of Tes	Tubing Pressure				Casing Pressure			Choke Size	1-28-89	
Actual Prod. During Test	Oil - Bble	•			Water - Bbls		ļ	Gas-MCF		
GAS WELL				· · · · · · · · · · · · · · · · · · ·	L		·	1	. <u></u>	
AZULI Prod. Test - MCF/D	Langth of Test				Bols. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilor, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	<u> </u>		·		l,	<u></u>		11	Ļ	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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.					OIL CONSERVATION DIVISION Date Approved JUL 2 5 1989					
John (Mater h.						ORIGINAL SIGNED BY				
Jøhn C. Maxey, Jr. Petroleum Engineer						By				
Prised Name Tille 5-3-89 505/622-3770									• •	
			iphone N	lo.						
DISTRUCTIONS, THE		filed in a	omali	nce with	Rule 1104				,	

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Kequest for allowable for filled out for allowable on new and recompleted wells.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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