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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 874	IO REC					ND AUTHOR		N RECEI	VED	97	
I. Operator		TOTR	ANSI	PORT O	IL AND	NATURAL (
Terra Resources, Inc.								Well API No. JAN 06 '89			
Address							, l	0,11, 0,0	98		
10 Desta Dr., Suit	te 500 V	West, M	idla	nd, Tx.	797			0. c	D		
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:						Other (Please explain) ARTESIA, OFFICE					
Recompletion	Oil	Change	Dry (
Change in Operator	Casingh	ead Gas	, ·	ensate X							
If change of operator give name and address of previous operator								-,	·		
•		3405									
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includ						ling Formation Kind of Lease Lease No.					
,								id of Lease te, Federal or Fee			
Location		-1									
Unit LetterC	:19	80	_ Feet 1	From The _	West	_ Line and660	0 ·	Feet From The _	North	Line	
Section 9 Towns	ship 16S	}	Range	• 28E		, NMPM, Ec	ddy				
III DESIGNATION OF TOA	NCDODE	ED OF O			TDAT O		<u> </u>			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	LIBRUK []	or Conde			Address	AS (Give address to v	vhich appen	ed come of this fo	rm is to be co	·n/)	
The Permian Corp					Address (Give address to which approved copy of this form is to be sent) PO Box 1183 Houston, Texas 77251					/	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas If well produces oil or liquids, Unit Sec. Twp. Rge					2223 Dodge St., C			maha, Nebraska 68102			
pive location of tanks.	I C	1 9	Twp. 168	Rge. S 28E	Is gas a	Yes	l Mix	en ? 6-22-87			
f this production is commingled with the V. COMPLETION DATA	at from any ot	her lease or	pool, g		ling order			0 22 07			
v. COMPLETION DATA		Oil Well		Gas Well	Non 1	Wall Washing				<u> </u>	
Designate Type of Completio	n - (X)	l l	i	Gas Well	1 New 1	Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	ipl. Ready to	Prod.	-,	Total De	epth		P.B.T.D.		J	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations								Don't Carland			
								Depth Casing	Shoe		
		TUBING,	CASI	NG AND	CEME	NTING RECOF	RD	<u> !</u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				ļ	DEPTH SET		S.	SACKS CEMENT		
	-								F F D	3	
									1-13-89 SMST: MPC		
								ch-	GT: TP		
TEST DATA AND REQUE								7			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load	oil and must					r full 24 hour.	s.)	
Date of 1est						Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL	L				1	- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 					
tual Prod. Test - MCF/D Length of Test						Bbis. Condensate/MMCF			Gravity of Condensate		
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
·					ļ						
I. OPERATOR CERTIFIC				ICE			ISEDV	ATION D	11/11010	NI	
I hereby certify that the rules and regularized Division have been complied with and				•						1.4	
is true and complete to the best of my	knowledge at	nd belief.		-	n	ate Approve	d	JAN 0	:539		
Rober Wi	1.	4				are whhlose	u				
					R	, (Original	Signed E.			
Signature Robert Williams District Accountant					By Original Signed By Mike Williams						
Printed Name			Title			tle					
1-3-89 Date	(9.	-15) 684 Teler	S861								
		}		-	11						

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.