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Appropriate District Office
DISTRICT 1

O.O. Box 1980, Hobbs, NM 88240

State of New Mexico \_ crgy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

FEB 22 '90

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

| l.<br>Operator   | TO TRANSPORT   | /ABLE AND AUTHORIZA<br>DIL AND NATURAL GAS        | TION ARTESIA, OFFICE                      |  |
|--|--|---|---|--|
| C.O. FULTON  |  |   | Well API No.                              |  |
| Address P.O. BOX 11  | 21 ARTESTA N.M. 99340  |   | LC065247                                  |  |
| Reason(s) for Filing (Check proper b   | . <u>21 ARTESIA, N.M. 88210</u><br>ox)                       | Other (Please explain)                            |   |  |
| New Well Recompletion  | Change in Transporter of:                                    | T Same in the section in                          |   |  |
| hange in Operator  | Oil Dry Gas Casinghead Gas Condensate                        |   |   |  |
| f change of operator give name<br>ad address of previous operator  |  |   |   |  |
| I. DESCRIPTION OF WE   | LL AND LEASE   |   |   |  |
| Lease Name DUBLIN FEDERAL  | Well No. Pool Name, Inc.                                     | uding Formation                                   | Kind of Lease                             |  |
| coation  | SQUARE L   | AKE GSA   | State, Federal or Fee LC065247            |  |
| Unit Letter  | : 330 Feet From The  | N Line and 1650                                   |   |  |
| Section 3 Tow  | nship 195 Range 2  | 9E, NMPM,   | Feet From The (1) Line  Eddy County       |  |
| U. DESIGNATION OF TR   | ANSPORTER OF OIL AND NAT                                     |   | County County                             |  |
| NAVAJO CRUDE OIL PURC  |  | Address (live address to which c                  | Typroved copy of this form is to be sent) |  |
| vame of Authorized Transporter of Co   | asinghead Gas or Dry Gas                                     | A   | HIESIA. N. M. BROAD                       |  |
| CONTINENTAL OIL CO  f well produces oil or liquids,  |  | S TO WHICH O                                      | ilywoved copy of this form is to be sent) |  |
| ive location of tanks.   | Unit   Sec.   Twp.   R.   C   3   17S   29                   | P_O. BOX 2197 H  The gas actually commerced?  YES | OUSTON TX,<br>When?                       |  |
| this production is commingled with the V. COMPLETION DATA  | hat from any other lease or pool, give commi                 | ngling order number:                              | MARCH 1960                                |  |
|  |  |   |   |  |
| Designate Type of Completion   | on - (X)   |   | eepen Plug Back Same Res'v Diff Res'v     |  |
|  | Date Compl. Ready to Prod.                                   | Iotal Depth                                       | P.B.T.D.                                  |  |
| levations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                                  | Top Oil Gas Pay                                   |   |  |
| erforations  | ``   |   | Tubing Depth                              |  |
|  |  |   | Depah Casing Shoe                         |  |
| HOLE SIZE  | TUBING, CASING AND   | CEMENTING RECORD                                  |   |  |
| THE STATE OF THE S | CASING & TUBING SIZE   | DEP1H SET   | SACKS CEMENT                              |  |
|  |  |   | 7-9-91)                                   |  |
|  |  |   | 3-9-90<br>che bT: THM                     |  |
| . TEST DATA AND REQU   | EST FOR ALLOWABLE  |   | 0   |  |
| rate First New Oil Run To Tank   | r recovery of total volume of load oil and mu.  Date of Test | it be equal to or exceed top allowable            | for this depth or be for full 24 hours.)  |  |
|  |  | Producing Method (Flow, pump, g.                  | 25 lýt, etc.)                             |  |
| ength of Test  | Tubing Pressure  | Casing Pressure                                   | Choke Size                                |  |
| ctual Prod. During Test  | Oil - Bbls.  | Water - Bhis.                                     | Gas- MCF                                  |  |
| AS WELL  |  |   | SE INC.                                   |  |
| ctual Prod. Test - MCF/D   | Length of Test   |   |   |  |
|  |  | Bbls Condensale MMCF                              | Gravity of Condensate                     |  |
| sting Method (pitot, back pr.)   | lubing Pressure (Shut-in)                                    | Casing Pressure (Shut in)                         | Choke Size                                |  |
| I. OPERATOR CERTIFIC   | CATE 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   |  | OIL CONSE   | RVATION DIVISION                          |  |
| is true and complete to the best of my knowledge and belief.   |  | 0.4000  |   |  |
|  |  | Date Approved                                     | MAR 9 1990                                |  |
| Signature  |  | ByORIGINAL S                                      | SIGNED BY                                 |  |
| Printed Name Title   |  | MIKE WILL   | Mike Williams                             |  |
| Date   |  | Title SUPERVISO                                   | R, DISTRICT II                            |  |
| Thiornal   | Telephone No   |   |   |  |
| INSTRUCTIONS: This for   | rm in to be CL LL  |   | Contraction Contraction                   |  |

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
- 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) Senarate Form C-104 must be filed for each recoil in multiply completed wells