							C	ISF	
Subnut 5 Copies Appropriate District Office	State of New Mexi Energy, Minerals and Natural Resc				ent	REPO 19	Form C Revised	L-1-89 ructions	
DISTRICT P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Attesia, NM 88210		ATION DIVISION ox 2088 exico 87504-2088			0.0.0.	at Botto	er of Page		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZA TO TRANSPORT OIL AND NATURAL GAS				AS				
Operator					Well /				
Address P.O. Box 276, Arte Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	change in Transp Oil Dry G Casinghead Gas Conde	as 🗌		er (Please explo ective 8,					
cum/64 in olivier	pob Energy Corpora		P. O. Dr	awer 217	, Artes	ia, NM 882	10		
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi SQUARE LAKE 12 UNIT 113 SQUARE LAI						of Lease Federal or IXXX		ase No. 028785	
Location Unit LetterJ	_ :_ 1980 Feet Fr	om The	S Lin	e and <u>1980</u>	<u>)</u> Fe	et From The <u>E</u>		Une	
Section 12 Townshi	p 17S Range	29	E, NI	MPM,		EDDY		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil WIW	SPORTER OF OIL AN	<u>D NATU</u>	Address (Giv			copy of this form is			
Name of Authorized Transporter of Casing	ghead Gas or Dry	Address (Give address to which approved			copy of this form is	to be sen	.()		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	ls gas actuall	y connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give	e comming	ing order num	ber:				·····	
Designate Type of Completion Date Spatial		Jas Well	New Well Total Depth	Workover	Deepen	Plug Back Same	e Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay			Tubing Depth				
Perforations			1 <u></u>			Depth Casing Sho	ж 		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET		D	SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r. Date First New Oil Run To Tank	T'FOR ALLOWABLE ecovery of lotal volume of load of Date of Test	oil and must	be equal to or Producing Me	exceed top allo ethod (Flow, pu	wable for this mp, gas lýî, e	idepih or be for ful ic.) PCStc	1 24 hours	1- <u>92</u>	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size Chig- Cp			
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			
Fosting Method (pilot, back pr.)	Tubing Pressure (Shut-In)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	itions of the Oil Conservation hat the information given above			Approvec	ISE	ATION DIV		N	
thonda	Thonda Nulson			By ORIGINAL SIGNED BY					
Signature <u>Rhonda Nelson</u> Printed Name 2892 Date Production <u>Clerk</u> Title 748-3303 Telephone No.				Title					
Liale (and the first state of a second state				<u> </u>				

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

All sections of this form must be 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.
 Separate Form C-104 must be filed for each pool in multiply completed wells.