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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico 39, Minerals and Natural Resources Departn

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

							Well A	Li Mor			
perator								3	0-015-03	005	
Donnelly Drilling Com	pany										
ddress											
P.O. Box 367 Car	lsbad NM	8822	1-03	167							
leason(s) for Filing (Check proper box)					XX Oth	я (Please explai					
New Weil	C	hange in Tr	anspor	ter of:			Chanc	ge of Ad	dress		
Recompletion	Oil	□ D	ry Gas	, Ц			•				
Change in Operator	Casinghead	Gas 🔲 C	ondens	sale 🔲							
change of operator give name											
ad address of previous operator							·				
	ANDIEAG	20									
I. DESCRIPTION OF WELL		SE	! >!-	Includia	ng Formation		Kind o	f Lease	Le	ase No.	
5800 1181100				id Vate	s-Seven	Rivers		Federal or Fee	: E	-950	
Sinclair A State											
ocation	100	20		C	outh	452			West		
Unit Letter	198	3U F	eet Fro	om The	Lin	e and	Fe	et From The _	 -	Line	
				20						_	
Section 19 Township	, 17	R	ange	29	, N	MPM,			<u>Fddy</u>	County	
50000											
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OIL or Condensal	ANI	D NATUI	RAL GAS Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nı)	
arme of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210						
Navajo Refining Compa						Orawer 15	When		141 DO		
well produces oil or liquids,	Unit S	Sec. T	wp.	Rge.	ls gas actuali	y connected?	1 wuen	a f			
ive location of tanks.	<u> </u>			<u> </u>	<u> </u>						
this production is commingled with that	from any other	r lease or po	ol, giv	e comming!	ing order num	ber:					
V. COMPLETION DATA		Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	1		<u> </u>	<u> </u>	<u> </u>	Ļ	.L	. I	
Date Spudded	Date Compl	. Ready to P	rod.		Total Depth			P.B.T.D.			
	'	-						L			
Claustices (DE DEP DT CD atc.)	Name of Pro	ducing For	mation		Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								· ·			
D. 7	<u>.l</u>				<u></u>			Depth Casis	ng Shoe		
Perforations										•	
			1	10 4375	CICA (CA)	NC PECOP	D	1			
					CEMENII	NG RECOR	<u> </u>	1	SACKS CEM	FNT	
HOLE SIZE	CAS	ING & TUE	SING S	SIZE		DEPTH SET		- 	SACINO OLIVI		
					ļ			ļ	 		
											
								ļ			
								_l			
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		. 						
OIL WELL (Test must be after t	recovery of Int	al volume of	f load	oil and musi	be equal to o	r exceed top allo	wable for the	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		,		Producing N	lethod (Flow, pu	mp, gas lift.	etc.)			
Date First New Oil Kun 10 lank	Date of test	·				(/-	E + 0 7-1	•			
	 					Casing Pressure			Choke Size		
Length of Test	Tubing Pres	Tubing Pressure				M.I.C					
					ļ			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbi	L.		Gas- MICF			
					<u> </u>			1			
CACWELL											
GAS WELL	11	'ogt			Rhie Conde	nsate/MMCF		Gravity of	Condensate	-	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Startly of Collegement				
					A			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHOKE SIZE		
					<u></u>						
VI. OPERATOR CERTIFIC	'ATE OF	COMPI	JAN	NCE					B. # # # * * *		
I hereby certify that the rules and regu						OIL CON	NSERV	ATION	DIVISIO	אכ	
Division have been complied with and				e	11				_		
is true and complete to the best of my				-		. A		JUN 2	5 1990		
/7	~				Dat	e Approve	o	JUN &	- 10 00		
Man a		, _								<i>(</i>)	
Leagl (aus	<u> </u>		 	∥ By_		ORIGI	NAL SIGN	VED BY	i	
Signature Chase		, Out	rato	nr	-		MIKE	WILLIAM:	S	,	
George Chase				<u> </u>	1				DISTRICT I	€ :	
Printed Name			Title		Title)					
June 25, 1990	50	5-887-5	TOP	Ma.	11				**	.*	
Date		Telep	hone 1	YO.							

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.