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	Appropriate District Office	••••••			Revised 1-1-89 See Instructions	
BERNETING PALANE, NN 1540     FIGURE 24, ANE, NN 1540     FIGURE 217, Artssia, NK 8210     TOTRANSPORT OL AND NATURAL GAS     Carry Corporation     Solution of management of the second s	P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Aitesia, NM 88210	P.O. Bo	ox 2088	RECEIVE	Ū.	
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Section     26     Township     TS     Page     29E     IMTEM     Eddy     County       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Addetsi Give address is which approved copy of the form is to be send.     Addetsi Give address is which approved copy of the form is to be send.     P. 0. Box J. 159, AttEast, NM 88210       Num of Audiotid Transporter of Calepted Gas     or Day Gas     Addetsi Give address is which approved copy of the form is to be send.       We observe of the fourth     One Day Gas     Addetsi Give address is which approved copy of the form is to be send.     Addetsi Give address is which approved copy of the form is to be send.       If the production is constrained.     We observe of the fourth.     Use is mainly constrained.     We observe of the fourth.       V. COMPLETION DATA     Designatic Type of Completion - (X)     Oil Well     Gas Well.     New Well     Westrained.       Designatic Type of Completion - (X)     Diff Well Gas Well.     New Well     Westrained.     P.D.T.D.       Elevators (UF, R.K., RT, GR, etc.)     Name of Producting Formation     Total Depth.     P.D.T.D.       Elevators (UF, R.K., RT, GR, etc.)     Name of Producting Formation     Total Depth.     P.D.T.D.       Elevators (UF, R.K., RT, GR, etc.)     Name of Producting Formation     Total Depth.     P.D.T.D.       Dis Specific A     Dis Contrained address of total Counter.     P.D.T.D.     P.D.T.D.	77	. 660 Feet From The	S Line and 198	0 Feet Fro	om TheWLine	
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If well produces office liquids, juic bases or pool, give contentinging order number:       Witen 7         If a production is commutagied with that from any other lease or pool, give contentinging order number:       Witen 7         IV. COMPLETION DATA       Gui Well       Gas Weil       New Weil       Workver       Designate Type of Completion - (X)       Gui Well       Gas Weil       New Weil       Workver       Designate Type of Completion - (X)       Gui Well       Gas Weil       New Weil       Workver       Designate Type of Completion - (X)       Gui Well       Gas Weil       New Weil       Workver       Designate Type of Completion - (X)       Gui Well       Total Depth       P.B.T.D.         Elsevalues (DF, RAB, RT, GR, etc.)       Name of Producting Formation       Top Old/Gas Pay       Tubing Depth         Elsevalues (DF, RAB, RT, GR, etc.)       Name of Producting Formation       Top Old/Gas Pay       Tubing Depth         Perifications       TUBING, CASING AND CEMENTING RECORD       SACKS CEMENT       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       OEPTH SET       SACKS CEMENT         OIL WELL       (Test must be effer recorery of total volume of lead oil and must be equal to or esceed top alionable for this depth or be for full 24 howst.]         Date First New Oil Rue To Tak       Date of Test       Producting Method (Flow, pump, gas I(R, etc.)         OIL WELL <td< td=""><td>Name of Authorized Transporter of Casing</td><td></td><td>Address (Give address to which</td><td colspan="3">approved copy of this form is to be sent)</td></td<>	Name of Authorized Transporter of Casing		Address (Give address to which	approved copy of this form is to be sent)		
IV. COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepea       Plug Back [Same Res' D) [If Res'         Date Speakesi       Date Completion - (X)       Date Completion - (X)       Tool Depth       P.D.T.D.         Date Speakesi       Date Completion - (X)       New Well       Productore       Plug Back [Same Res' D) [If Res'         Date Speakesi       Date Completion - (X)       New Well       Productore       Plug Back [Same Res' D) [If Res'         Depth Speakesi       Date Completion - (X)       New Well       Produ Cover       Plug Back [Same Res' D) [If Res'         Depth Speakesis       Date Of Producting Formation       Top Old Casing Depth       Plug Back [Same Res' D) [If Res'         Performation       Depth Casing Depth       Depth Casing Depth       Plug Back [Same Res' D) [If Res'         Production       Depth Casing Depth       SacKes GEMENT       Plug Back [Same Res' D] [If Res' - 20 - 25 - 25 - 25 - 25 - 25 - 25 - 25		Unit Sec. Twp. Rge.	· · · · · · · · · · · · · · · · · · ·			
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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         Testing Method (piror, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Gioke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         Ihereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is use for complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Rhonda Nelson       Production Clerk         Priated Name       Title       SUPERVISOR, DISTRICT II         Atta 0       2       1993       748-3303         Date       Title       SUPERVISOR, DISTRICT II					oke Size	
Actual Prod. Test - MCI/D       Length of Test       Bbls. Condensate/MMCI?       Gravity of Condensate         Testing Method (pilor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Clocke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Interby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is the fold complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Author       By       ORIGINAL SIGNED BY         Rhonda Nelson       Title       By       ORIGINAL SIGNED BY         MIKE WILLIAMS       Title       SUPERVISOR, DISTRICT II	· ·		Water - Bbis.	Gas	- MCF	
Actual Prod. Test - MCI/D       Length of Test       Bbls. Condensate/MMCI?       Gravity of Condensate         Testing Method (pilor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Clocke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Interby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is the fold complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Author       By       ORIGINAL SIGNED BY         Rhonda Nelson       Title       By       ORIGINAL SIGNED BY         MIKE WILLIAMS       Title       SUPERVISOR, DISTRICT II				<u> </u>		
VI. OPERATOR CERTIFICATE 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         is the fine complete to the best of my knowledge and belief.         Manda         Manda         Signature         Rhonda Nelson         Printed Name         AUG 0 2 1993         Telephone No.		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
I hereby certify that the rules and regulations of the Oil Conservation         Division have been complied with and that the information given above         is the for complete to the best of my knowledge and belief.         Attinda         Attinda         Rhonda       Nelson         Prioted Name         Title         AUG 0 2 1993         748-3303         Date	Tosting Method (pilos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Clioke Size		
is use in complete to the best of my knowledge and belief.       Date Approved	l hereby certify that the rules and regul	ations of the Oil Conservation	OIL CONS	ERVATI	ON DIVISION	
Signature       Production       Clerk       Mike williams         Printed Name       Title       Mike williams         AUG 0 2 1993       748-3303       Title         Date       Telephone No.       Title	is the red complete to the best of my J	knowledge and belief.	Date Approved	AUG	1 1 1993	
Rhonda Nelson       Production Clerk       Mike Williams         Printed Name       Title       Title         AUG 0 2 1993       748-3303       Title         Date       Telephone No.       Title	Signature	Lin-		IAL SIGNE	D <b>BY</b>	
AUG () 2 (550 748-3303 Date Telephone No.	<u>Rhonda Nelson</u>		MIKEV	VILLIAMS		
	AUG 0 2 1993	748-3303			••••••	
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104	a - an a arta darta - construction a solar of a stratights, darger					

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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.