Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Departme

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	REQUE		ALLOWAE					0	CT 18 '89	
l. Operator	TC	TRANS	SPORT OIL	AND NA	TURAL G	AS Well A	DI Ma		G. C. D.	
•	0.0								tesia, offici	
Harcorn Oil Address	<u>UO.</u>						050 050	187		
P. O. Box 28	79. Victo	ria Te	2070))						
Reason(s) for Filing (Check proper box)	121 14000		AUD . 7.[11]	Oth	er (Please expl	ain)				
New Well	a	hange in Trai	nsporter of:	Chang	e of Ope	rator No	3 m O			
Recompletion	Oil		/ Gas		ctive Oc					
Change in Operator XX	Casinghead C	Gas Co	ndensate				, 1707 			
	ndo Oil &		ompany, P	. 0. Box	2208 ,	Roswell	New Me	xico 882	02	
I. DESCRIPTION OF WELL										
J. L. Keel "B"		I .	ol Name, Includi				of Lease No. Federal or Fee		ise No.	
Location J. 11. Reel	D., '2	24 Gr	ayburg Ja	ackson/7	RV QGSA	Fed	Pederal or Fee	_lrc05à7	35 B	
Unit LetterF	:198	30 Fee	at From The $\frac{NC}{N}$	orth 1in	e and 16	93.6 Fee	et From The _	West	Line	
					C 4 110	<u> </u>	et Flom The _	- NODU		
Section 6 Towns	17S	Rai	nge 31E	, NI	MPM,	Eddy			County	
III. DESIGNATION OF TRA									·	
Name of Authorized Transporter of Oil	$ \nabla \nabla $	r Condensate	l	Address (Giv	e address to w	hich approved	copy of this for	m is to be sen	1)	
Texas-New M. Name of Authorized Transporter of Casi	exico Pipe			P. O.	Box 252	8, Hobbs	, New Me	exico 88	240	
Continental	-		Dry Gas		Do-					
If well produces oil or liquids,		ec. Tw	n Ros	Is gas actuall	Box 460			ico 882	40	
give location of tanks.	i C		7S 31E	Yes.	y connected?	When	, -1-60			
f this production is commingled with the V. COMPLETION DATA	t from any other				ber:		1-00			
Designate Type of Completion	2 - (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Pandy to Pro		Total Depth	<u> </u>		l		I	
The Spinor	Date Compi.	Ready to Fic	AJ.	rotal Depth			P.B.T.D.	n	TN	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing For			mation Top Oil/Gas Pay			· · · · · · · · · · · · · · · · · · ·	Tubing Depth Cha Oper			
Perforations							Depth Casing Shoe			
		Innia a	07110	:						
HOLE SIZE		NG & TUBIN		CEMENTING RECORD						
HOLE SIZE G		NG & TUBIL	NG SIZE	DEPTH SET			SACKS CEMENT			
				 			ļ			
								· · · · · · · · · · · · · · · · · · ·		
				<u> </u>				 -		
V. TEST DATA AND REQUI										
OIL WELL (Test must be after Date First New Oil Run To Tank		l volume of la	oad oil and musi					or full 24 hour	s.)	
Date First New Oil Run 10 Tank	Date of Test			Producing M	lethod (Flow, p	ump, gas lift, e	tc.)			
Length of Test	Tubing Pressi	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	O'I DU			N/. 701			0 10			
Actual Flod. During Test	Oil - Bbls.			Water - Bbla	i.		Gas- MCF			
GAS WELL				<u> </u>			-L			
Actual Prod. Test - MCF/D	Length of Te	est		Bhis Conde	nsate/MMCF		Gravity of C		····	
				Dois. Conde	neere/lativite!		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Press	sure (Shut-in)	1	Casing Press	sure (Shut-in)		Choke Size			
VI ODED ATOD CEDTURE	CATTO									
VI. OPERATOR CERTIFI					OIL CO	NSFRV	ΔΤΙΩΝΕΙ	אואופור	N.	
I hereby certify that the rules and rep Division have been complied with a					OIL OO	NOLITY.	ALIONI	אוסוטוע	N	
is true and complete to the best of n				Det	0 100-0	od U	CT 2 7	1000		
$i \propto m$, ,		Date	e Approv	au <u>U</u>	0161	1989		
	leur			D	O	RIGINAL !	SIGNED B	Υ		
Signature Ow. J. GRAHAM Agent					By ORIGINAL SIGNED BY					
Printed Name Tirle					Title SUPERVISOR, DISTRICT IT					
Date 5, 1989	<u>(Sz</u>	<u> </u>	2360		<i></i>				·····	

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.