Subnút 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240 DISTRICT JI P.O. Drawer DD, Artesia, NM 88210 DISTRICT JII 1000 Rio Biazos Rd., Aztec, NM 87410 I.	Contempts, Minerals and Nate OIL CONSERVA P.O. B Santa Fe, New M REQUEST FOR ALLOWAR	AND MATURAL OAD	Ci ya Di	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
Operator Socorro Petro		- AND NATORAL GAS	Well APTESIA, OFFICE		
Address			30-01	5-05135	
Reason(s) for Filing (Check proper box)       New Well       Recompletion	Change in Transporter of: Oil	Uther (Please explain)			
Change in Operator	Casinghead Gas Condensate				
and address of previous operator	AND LEASE				
Lease Name Friess Feder Location	Well No. Pool Name, Includ		Kind of Lease	Lease No. NMLC060409	
Unit Letter J	: 1650 Feet From The	South Line and 1980	Feet From The	East Line	
Section 19 Townsh	1770		Eddy	County	
Name of Authonized Transporter of Oil <u>Navajo Refining Co</u> Name of Authonized Transporter of Casir <u>Continental Oil Co</u> If well produces oil or liquids, give location of tanks. If this production is commingled with that	ngliead Gas (XX) or Dry Gas ()	Address (Give ack ess to which app P.O. Drawer 159 Address (Give ack ess to which app P.O. Box 460, H Is gas actually connected? Yes	, Artesia, proved copy of this form Obbs, NM 8 When?	NM 88210	
IV. COMPLETION DATA Designate Type of Completion Date Spadded		New Well   Workover   Dec	epen – Plug Back – Sa	me Res'v Diff Res'v	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u>_</u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
Perforations			Depth Casing S	Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT Kot ID - 3 2-16-90 chy LT: TNM		
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump, ga	for this depth or be for	full 24 hours.)	
Length of Test	Tubing Pressure	Casing Pressure Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Ilbis.	Gas- MCF		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCI	Gravity of Con	lensate	
l'esting Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Clioke Size	· · · · · · · · · · · · · · · · · · ·	
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 true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION Date Approved FEB 3 1990			
Signature John Gould	·		INAL SIGNED BY WILLIAMS	,	
Printed Name Title		Title			
Date	I clephone No.	And the second			

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 result in multiply completed wells.