

submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240		State of New Mexico Energy, Minerals and Natural Resources Department		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		RECEIVED FEB 22 '90 O. C. D. ARTESIA, OFFICE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
I. Operator C. D. Fulton ✓		Well API No.			
Address P.O. Box 1121 Artesia N. M. 88210					
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Gulf State		Well No. 4		Pool Name, Including Formation Square Lake GSA	
Location Unit Letter D : 330 Feet From The N Line and 330 Feet From The W Line Section 23 Township 17S Range 29E, NM1M, Eddy County		Kind of Lease State Federal or Fee		Lease No. B1162-0	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil Navajo Crude Oil Purchasing		or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia N. M. 88210	
Name of Authorized Transporter of Casinghead Gas Continental Oil Co.		or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197 Houston Tx.	
If well produces oil or liquids, give location of tanks.		Unit Soc Twp Rge. D 2 17S 29E		Is gas actually connected? When? - yes - 1-20-84	
If this production is commingled with that from any other lease or pool, give commingling order number:					
IV. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				P.B.T.D.	
				Tubing Depth	
				Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT Post ID-3 3-9-80 chg. L.T. TNM	
V. TEST DATA AND REQUEST FOR ALLOWABLE					
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)					
Date First New Oil Run To Tank		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Choke Size	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Gravity of Condensate	
				Choke 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.					
Signature P.M. Starratt Printed Name P.M. Starratt Date 2/22/90					
Bookkeeper Title 748-2621 Telephone No.					
OIL CONSERVATION DIVISION Date Approved 9 1990 By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT II					

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