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## State of New Mexico Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
RECEIVAL Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 10'90

STRICT III OU Rio Brazos Rd., Aziec, NM 87410		Sai	na i c,	1404 1410	AICO 07304-2000		JAN 1	0.90		
die miner inn, imm, init uitiv					LE AND AUTHORI		Ch. s	D.		
TO TRANSPORT OIL AND NAT						Well API No. ARTESIA, OFFICE				
Socorro Petrole			30-015- 2539							
Address						<del> </del>				
P.O. Box 38, Lo	oco Hil	lls, NM	882	:55	····					
Reason(s) for Filing (Check proper box)		<b>~</b> .	<b>.</b> .		Other (Please expl	ain)				
New Well Recompletion	Oil	Change in	Dry Gai		Change in O	nerator	Name			
Change in Operator XX		ad Gas	-		Effective J					
change of operator give name Harco					x 2879, Victoria					
no sociess of previous operator		<del></del>		~				<u>.</u>	<u> </u>	
I. DESCRIPTION OF WELL										
### Arms   Well No.   Pool Name, Including   J.L. Keel "B"   40   Grayburg Ja					n <b>g Formation</b> ackson/ 7 RV QGS.	A Kind o	of Lease Federal <b>malles</b>	Lease No. LC029435B		
Location		1 10	L							
Unit Letter	. 198	$\sigma$	Feet Fir	on The N	outh Line and lo	(a)	et From The $\overline{\mathcal{M}}$	£	Line	
	1	70							LIDS	
Section C Township	P	17S	Range	31E	, NMPM,	Edd	Y		County	
II. DESIGNATION OF TRAN	SPORTI	ER OF O	II. ANI	D NATU	RAL GAS					
Name of Authorized Transporter of Oil	[VV]	or Conden			Address (Give address to w	hich approved	copy of this form	is to be se	int)	
Texas-New Mexico Pipeline Company					P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [					Address (Give address to which approved copy of this form is to be sent)					
<u>Continental Oil Companilif well produces oil or liquids.</u>		1 6	1	_, <del></del> _	·		Hobbs, NM 88240			
give location of tanks.	Unit C	Sec.   8	Twp.   17S		Is gas actually connected?	When	10-20	1-88		
f this production is commingled with that	from any of	her lease or	pool. giv	e commine	Yes					
V. COMPLETION DATA			1		The order maniper.				·····	
Designate Type of Completion	(V)	Oil Well	1	Gas Well	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		_			<u> </u>	.1	<u> </u>		_i	
	Date Con	ipl. Ready to	) ITOG.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Vil/Gas Pay		Tubing Depth			
							I noted Debru			
Perforations							Depth Casing S	hue		
					····	-·-			•	
HOLE SIZE	i				CEMENTING RECO		- <sub>1</sub>			
HOLE SIZE	-  <del></del>	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
	-		····		·		100		0-3	
	-	*** ********	·	<del></del>			-	- 4.	90 m)	
							-	7		
V. TEST DATA AND REQUE										
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of 1		of load	oil and mus	be equal to or exceed top at Producing Method (Flow, )	lowable for th	is depth or be for	full 24 hou	urs.)	
Date in the second second	Date of 1	est			rroducing wiethod (rrow, )	runip, gas iyi,	eic.j			
Length of Test	Tubing P	ressure		<del></del>	Casing Pressure		Choke Size		<del></del>	
Actual Prod. During Test	Oil - Bbl	s.			Water - Bbls.		Gas- MCF			
CACAMPI :	<u> </u>								<del></del>	
GAS WELL Actual Prod. Test - MCF/D		2 av								
PROPERTY OF THE PROPERTY OF TH	Length o	r icei			Bbls. Condensate/MMCIF		Gravity of Cor	densate		
l'esting Method (pitot, back pr.)	Tubing F	ressure (Shi	и·ю)		Casing Pressure (Shut-in)		Choke Size			
		•	-							
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIAI	NCE			- J		-	
I hereby certify that the rules and regu	lations of th	ne Oil Conso	rvation		OIL CO	NSERV	ATION D	IVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
is true and complete to the best of my	Thomicage	and Delict.	0		Date Approv	ed	EB - 9 19	50 <b>5</b> 0		
(Dean a)	Lin		V							
Signature	v uc	we	<del> </del>		Byone	INAL SIG	NED BY			
Ben D. Gould		Man	ager_		A 11:45	: WHERE	S			
Printed Name 1/8/90	E	05/677	Title		Title3UP	ERVISOR,	DISTRICT			
		-05/677 Te	2300 lephone l	No.						
					: 1					

## 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