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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

FCEIVED Form C-104
Revised 1-1-89
See Instructions JIN Z 7 1994 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

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) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TOTAL DEPTH SET SACKS CEMENT TOTAL AND REQUEST FOR ALLOWABLE DIL 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 Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size CAS MCF GAS WELL	I.	REQUEST FOR ALLOWA	ABLE AND AUTHORIZA	TION		
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	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conde	ensale	

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.

Testing Method (pitot, back pr.)

Signature Rebecca Olson Agent Printed Name Title June 1991 (505)746-6520 Date Telephone No.

OIL CONSERVATION DIVISION

Choke Size

JUL 0 1 1991 Date Approved

By_ ORIGINAL SIGNED BY MIKE WILLIAMS

Casing Pressure (Shut-in)

Title. SUPERVISOR, DISTRICT IT

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.

Tubing Pressure (Shut-in)