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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 RECEIVE Form C-104
Revised 1-1-89
See Jastructions
JUN C & Revised Bottom of Page O. C. UI

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Companies   Comp	I <b>.</b>	T		SPORT OIL							
POST OFFICE BOX 5061, Midland, Texas 79704  Research for Filling (Check proper box)  Now Well  Change in Transporter of Recomplished Gue Condenses  Change of Operator Effective 6-17-91  Change to Operator Refective 6-17-91  Change of Operator Refective 6-17-91  Change to Operator Refective 6-17-91  Change to Operator Reference 8-18-18  Change to Operator Reference 8-18-18	Operator							API No.			
POST OFFICE BOX 5061, Midland, TEXAS 79704    Reacción for Printing (Picker proper box)   Change in Transporter of Other (Picker expision)   Now Well		Inc.									
Change of Operator Effective 6-17-91		5061,	Midla	and, Texa	as 7970	4					
Change of Operator Effective 6-17-91	Reason(s) for Filing (Check proper box)			······································	Oth	r (Please expla	iin)			_	
Case played price in the anne and address of previous operators and address of previous operators. At the state of previous operators are address to the state of previous operators. At the state of previous operators of a control of previous operators. At the state of previous operators of a control operator of one address of the state of previous operators. At the state of previous operators of a control operator of one address of the state of previous operators. At the state of previous operators of one address of the state o	New Well	(	- —		<b>a</b> 1	<b>.</b> .		-66			
Company of Operator give name   More XCO   Th.   P. O. Box 481   Artesia   New Mexico 88211-048	· ·									6-17-91	
THE BOST AND SET THE PROBLEM OF WELL AND LEASE  Lause News  State 647 AC 711  Vel No. Pool Norm, Including Formation  Nattesia—Q—GR—SA  State 647 AC 711  Vel No. Pool Norm, Including Formation  State 647 AC 711  Vel Line and 1980  Feet From The N L					Dog 10	7 8 2 + 7	vais N	JOU MOS	1100 88	1 - 1 - 1 C	
State 647 AC 711 70 Artesia-Q-GR-SA Saus, Federal or Fee State 647  Location  Unit Letter E	If change of operator give name  If change of operator give name	orexco	, inc.	P. U.	BOX 40	I, ALLE	esia, i				
Lase Name   State 647 AC 711   70   Artesia—Q-GR-SA   State (and of Lase   State 647   Location	II. DESCRIPTION OF WELL	AND LEAS	SE								
Location				ool Name, Includir	ng Formation			I '			
Unit Letter E : 660 Feet From The W Line and 1980 Feet From The N Line Section 27 Township 18 S Range 28 E , NMFM, Eddy Country  HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil A OF Condensise Address (Give address to which approved copy of this form is to be seen)  Nava Jo. Ref in Injo Company  Phill 119. Petrol Colum Company  Phill 119. Petrol Colum Company  Hi well produces oil or liquids, Usat Sec. Tryp. Reg. Is gas actually connected? When 7 yre location of tauta.  Phys. Ref. Reg. Reg. Sep. Reg. Is gas actually connected? When 7 yre location of tauta.  Phys. Reg. Is gas actually connected? When 7 yre for the seen of the production is commanded with that from any other lease or pool, give commingling order number:  N. COMPLETION DATA  Designate Type of Completion - (X)  Due Spudded  Due Compl. Ready to Prod.  Total Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE  TUBING, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE  TUBING SIZE DEPTH SET SACKS CEMENT  Now That May the produce of the first depth or be for full 24 hours:  Producing Method (Flow, pump, gas lif, etc.)  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Only Ready to Pressure (Shai-in)  ONLY DESTRICT CERTIFICATE OF COMPLIANCE  Investigation have been completed with but that the information given above is true and complete to the bean of my browhedge and belief  Title  SUPERVISOR, DISPRICT #  UNIX 2 8 1991  Date Approved  Title SUPERVISOR, DISPRICT #	State 647 AC 71	1	70	Artes	sia-Q-GR-SA Sta			, Federal or Fee State 64		ate 647	
Section 27 Township 18 S Range 28 E NMFM, Eddy County    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GS   Name of Authorized Transporter of Oil							NO 0		,		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Treasporter of Oil Ail or Condensate Address (Give address to which approved copy of this form is to be sent)  Navajo Reffining Company P. O. BOX 175, Attesia, NM 88210  Name of Authorized Treasporter of Caseghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Phillips Petroleum Company 4001 Penbrook, Odessa, TX 79760  If well produces of in fluids, pre location of loquids, pre location of the production of the number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Date of Tex  Tubing Prod.  Total Prod.  Date Of Tex  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Oil Conservation  Divisor have been complicted with add that the information gives above is true and complete to the beat of my throwledge and belief.  Title June 27, 1991 (505) 746-6520  Title SUPERVISOR DISTRICT #  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of the sent)  Box 175, Attesia proved copy of the sent)  To Production defeats to which approved copy of the sent)  Production of the sent of th	Unit LetterE	_ :	660 F	eet From The	W Lin	and	98 U Fe	et From The		NLine	
Name of Authorized Transporter of Oil	Section 27 Township		185 R	Lange	28E , N	мрм,		F	Eddy	County	
Name of Authorited Transporter of Oil S or Condensite Navajo Refining Company  Name of Authorited Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Phillips Petroleum Company  When 7  When 7  When 7  Phillips Petroleum Company  When 7  When 7  Possible Castally Connected?  When 7  Possible Castally Cas		an a name		4 N 190 N 4 1997 11							
Navajo Refining Company  Name of Authorized Transporter of Casinghead Cas	Name of Authorized Transporter of Cit				Address (Gir	e address to wil	ich annemed	copy of this f	orm is to he ee	nt)	
Name of Authorized Transporter of Canaghead Gas					1					I	
Phillips Petroleum Company   Web   Pochace of to flouids,   Uait   Sec.   Twp.   Rgs.   Is gas actually connected?   When?   7-66											
If well produces of the Tuquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?   7-66	· · · · · · · · · · · · · · · · · · ·										
If this production is communicated with that from any other lease or pool, give comminging order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  PETOTALIONS  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Itest 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 OTES  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE Interly certify that the rules and regulations of the Oil Conservation Division have been compliced with and that the information given above is true and complete to the best of my knowledge and belief.  Title  Signapire Second OI SON  Printed Name  Title  June 27, 1991 (505) 746-6520		wp. Rge.									
Designate Type of Completion - (X)  Date Squided  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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.)  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas MCF  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Oil - Conservation  Tubing Pressure (Shut-in)  Choke Size  Oil CONSERVATION DIVISION  Date Approved  By  ORIGINAL SKENED BY  UNIX 9 1991  Date Approved  By  ORIGINAL SKENED BY  UNIX 9 1991  Title  SUPERVISOR DISTRICT H  DIVIDING TREATOR TEST (505) 746-6520	give location of tanks.	F	271	18d 28F	Yes		1	7-66	<u> </u>		
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.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tobing Depth  Tobing Depth  Total Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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.)  Producing Method (Flow, pump, gas life, etc.)  Producing Method (Flow, pump, gas life, etc.)  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Gas-MCF  Length of Test  Oil - Bbis.  Water - Bbis.  Gas-MCF  Totsting Method (pico, back pr.)  Tubing Pressure (Shut-in)  Choke Size  Oil Conservation  JUN 2 8 1991  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT #  Title  SUPERVISOR, DISTRICT #		from any other	r lease or po	ol, give commingli	ing order num	ber:					
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.  Tubing Depth  Tubing Depth  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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.)  Choke Size  Choke Size  Choke Size  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Signature Decca Olson  Agent  Title Signature Decca Olson  Agent  Title Supervisor, 1991  Title Supervisor, District H  Title Supervisor, District H  Title Supervisor, District H  Title Supervisor, District H	IV. COMPLETION DATA				1	1 :		1	<u> </u>	himp i	
Date Spadded  Date Compil. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Rus To Task  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Total Prod. During Test  Oil - Bibls.  Water - Bibls.  Gas- MCF (Log OF)  Totaling Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  By  ORIGINAL SKINED BY  MINE WILLIAMS  Title  Supervisor DISTRICT H  Title  June 27, 1991 (505) 746-6520	Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover 	Deepen	j Plug Back	Same Res'v	Diff Res'v	
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Choke Size  Choke S				Trod.	Total Depth		J	P.B.T.D.	.B.T.D.		
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Choke Size  Choke S					Top Oil/Con	Davi					
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Great 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 of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  7 - 12 - 9/  Actual Prod. Test - MCF/D  Length of Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signature 27, 1991 (505) 746-6520  Title  SUPERVISOR DISTRICT #  Title  SUPERVISOR DISTRICT #  Title  SUPERVISOR DISTRICT #	Elevations (DF, RKB, RT, GR, etc.)	Top Olivoas	Tubing Depth								
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Ch	Perforations				l <del></del>		*****	Depth Casin	ng Shoe		
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Ch								<u> </u>			
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 Choke Size 7 - 12 - 9/  Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas- MCF Lifty Of  GAS WELL  Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate  Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)  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.  Date Approved  By ORIGINAL SKINED BY MIKE WILLIAMS  Title Supervisor District #  Title Supervisor District #								1	CACKS CEMENT		
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  Choke Size  7-12-9/  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Signapure Signapure Shut-in  Title June 27, 1991 (505) 746-6520  Title Supervisor District H	HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SAORS CEMENT			
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  Choke Size  7-12-9/  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Signapure Signapure Shut-in  Title June 27, 1991 (505) 746-6520  Title Supervisor District H								<del></del> -	<del></del>		
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  Choke Size  7-12-9/  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Signapure Signapure Shut-in  Title June 27, 1991 (505) 746-6520  Title Supervisor District H											
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  Choke Size  7-12-9/  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Signapure Signapure Shut-in  Title June 27, 1991 (505) 746-6520  Title Supervisor District H											
Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  7-12-9/  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Signapure  Rebecca Olson  Agent  Title  June 27, 1991 (505) 746-6520  Printed Name  June 27, 1991 (505) 746-6520	V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							
Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  7-12-9/  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  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  Rebecca Olson  Agent  Title June 27, 1991 (505) 746-6520  Title Supervisor District of				load oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title June 27, 1991 (505) 746-6520	Date First New Oil Run To Tank	Date of Test	t		Producing M	ethod (Flow, p	ump, gas lyt,	elc.)	n. 4.	1+0 3	
Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title June 27, 1991 (505) 746-6520	I and of Total	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  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  Signature  Printed Name  June 27, 1991 (505) 746-6520  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  JUN 2 8 1991  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR DISTRICT #	Length of Test							1-12-7/			
GAS WELL  Actual Frod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  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 Rebecca Olson  Agent  Printed Name June 27, 1991 (505) 746-6520  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Oll CONSERVATION DIVISION  JUN 2 8 1991  Date Approved  By  ORIGINAL SIGNED BY MIKE WILLIAMS  Title SUPERVISOR DISTRICT #	Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas-MCF & Mg OF			
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Date Approved  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  JUN 2 8 1991  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title June 27, 1991 (505) 746-6520									4 0		
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  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.  Date Approved  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  JUN 2 8 1991  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title June 27, 1991 (505) 746-6520	GAS WELL										
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		Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
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		·									
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.    The Lagrange   Lagrange	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
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.    The Life of the	VI ODED ATOD CEDTERS	ATTE OF	COLOR	TANCE	<del>-</del>						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS  Title SUPERVISOR DISTRICT #  Title SUPERVISOR DISTRICT #						OIL COI	NSERV	<b>ATION</b>	DIVISIO	NC	
Date Approved    Complete to the best of my knowledge and belief.   Date Approved	Division have been complied with and that the information given above					111M • R 1991					
Signature By ORIGINAL SIGNED BY Printed Name June 27, 1991 (505) 746-6520  By ORIGINAL SIGNED BY WIKE WILLIAMS Title SUPERVISOR DISTRICT #	is true and complete to the best of my	knowledge an	nd belief.		Date	e Approve	ed	<b>→</b>			
Rébecca Olson Agent  Printed Name  June 27, 1991 (505) 746-6520  DIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR DISTRICT #						5 / (pp. 5 / )	·				
Printed Name  June 27, 1991 (505) 746-6520  Title  Title  SUPERVISOR DISTRICT #					Bv	<b>∧</b> Di4					
Printed Name  June 27, 1991 (505) 746-6520  Title SUPERVISOR DISTRICT #	Signature Rebecca Olson	-	WIGHNAL SIGNED BY								
June 27, 1991 (505) 740-0520	Printed Name Title					Title SUPERVISOR DISTRICT					
Date Telephone No.		(505)	746-6	520				<del>DIGITAL</del>	1 77		
	Date		Telep	none Ivo.		·- <u></u> -					

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.