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peropriate District Office
ISTRICT J
O. Box 1980, Hobbs, NM 88240

State of New Mexico y, Minerals and Natural Resources Departmen'

Form C-104 Revised 1-1-89 See Instructions

## ISTRICT II O. Drawer DD, Artesia, NM \$8210

ISTRICT III

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

N NO BILLON RU., ALIEC, IVII 6741	REQU				r .	AUTHORIZ			ja#⊀		
erator					<u> </u>		Well	APINa -013-02109			
ainbow Energy Corpo	ration							-013-021			
610 Camarie, M	idland,	Texas	7970	5							
son(s) for Filing (Check proper box	ļ				Off	per (Please expla	iin)				
Well	0.1	Change in 1		er of:							
ompletion 🛄 nge la Operator 🖫	Oil Casinghes	_	Dry Gas Condensa	n							
	······································										
iddress of previous operator			іш оре	racin	ig compa	ny, 415 W	L. Wall,	Suite	1000, M	idland., ' 797	
ESCRIPTION OF WELL AND LEASE Name Well No.   Pool Name, lack					English Vind			of Lease Na.			
<b>&amp; Name</b> Resler Yates State	1 222							Federal or Fee 647			
ation									<del></del>		
Unit LetterJ	<u> </u>	310	Feet Fron	a The	outh Lie	e and	· Fe	et From The	East	Line	
Section 29 Toronts	hin 18S			28E		t./m./	Eddy			County	
Section 29 Towns	нр		Range			мрм,				County	
DESIGNATION OF TRA	NSPORTE	R OF OII	LAND	NATU	RAL GAS						
of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent) 501 E. Main, P.O.Drawer 159, Artesia, N.M. 88						
Navajo Refining Con of Authorized Transporter of Case		<del></del> ,	or Dry Ga		<del></del>	main, r.					
E OF AUDIOCIZED TRANSPORTER OF COM	agicac Cas	· ·	or Dij Ga	•	Audios (On	- COLD ES 10 WA	en approna	cop) of	, , , , , , , , , , , , , , , , , , ,	,	
vell produces oil or liquids,	Unit Sec.				is gas actually connected?		Whee	When 7			
ocation of tanks.	N	21	1851	28E	No						
production is commingled with the	t from may oth	er lease or po	ool, give o	comming	ing order mum	ber:	······································				
COMPLETION DATA		Oil Well	G	Well	New Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'v	
esignate Type of Completion	ı - (X)	1	-			1				Ī	
Spudded	Date Com	pl. Ready to I	Prod.		Total Depth			P.B.T.D.			
TOT DEP PT CO )	Nome of B	-i.i. E			Top Oil/Gas	Pav		Tubina Dani	·		
ntions (DF, RKB, RT, GR, etc.)	Nair Or F	Name of Producing Formation							Tubing Depth		
orations					1			Depth Cash	g Shoe		
			=:=::::					<u> </u>			
UO 5 8/75					CEMENTI	NG RECORI	<u> </u>	<del>1</del>	SACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE				DEF IN SET			Part ID- 3			
·	1							1 3	-17-	23	
								she ap			
			<del></del>					<u> </u>	0/		
FEST DATA AND REQUE WELL (Test must be after				a = d === ; e1	he equal to se	exceed ion allo	unhle for this	death air he f	or full 24 hour	re )	
First New Oil Run To Tank	Date of Ter		1000		<del></del>	ethod (Flow, pur			<u>. , ,</u>		
								· · · · · · · · · · · · · · · · · · ·			
th of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
al Prod. During Test	Oil BNe	Oil - Bols.				Water - Bbls			Gas- MCF		
M 13-APP Transing 1000	Ou - DOIL										
S WELL						<del></del>					
al Prod. Test - MCP/D	a - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
OPEN AMON CONT.	1		7		<u> </u>		<del></del>	<u> L</u>		<del></del>	
OPERATOR CERTIFIC				.E		OIL CON	SERV	ATION I	DIVISIO	N	
sereby certify that the rules and regi Ivision have been complied with an					∥ `						
true and complete to the best of my					Date	Approved	. S	EP - 8	1993		
12,000	/ 10	1. 7.	1			pp.0400		<del></del>			
/lusa /	IN.	ngru	7		By_		SINIAL CH	ONED BY			
Teresa K. Wright Agent					ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title					MINE WILLIAMS						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

May

1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915 685-3 Telephone No.

- 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.