P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astonia, NM 28210

OIL CONSERVATION DIVISION P.O. Box 2088

JAN 2 9 1993

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

Santa Fe, New Mexico 87504-2088

O. C. D.

Designation Designate Type of Completion - (X) Name of Producing Formation Total Depth P.B.T.D.	O7
Address P. O. Box 1515, Roswell, New Mexico 88202-1515	O7
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Section 2.5 Township 18S Range 30E , NMFM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Authorized Transporter of Oil	B
Name of Authorized Transporter of Cairghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cairghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cairghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. Twp. Reg. is gas actually connected? When ? pive location of tanks. Unit Sec. Twp. Reg. is gas actually connected? When ? pive location of tanks. No 25 18S 30E 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 New Well Workover Deepen Prug Back Same Resv Diff Res. Designate Type of Completion - (X) Name of Producing Formation Total Depth P.B.T.D. Elevations (DF, RKB, KT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 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 depter 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 lift, etc.)	
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Casing Pressure Choke Size	
Length of Tex	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	
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) Casing Pressure (Shut-in) Choke Size	,
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 JAN 2 9 1933 Date Approved	
But Mc Guer ORIGINAL SIGNED BY	
Signature Pat McGraw Production Analyst By MIKE WILLIAMS SUPERVISOR, DISTRICT IF	
Printed Name	

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.