GULF       STATE       /       ARTE         Location       Unit Letter       H       : 23/0       Feet From         Section       /8       Township       /8       Range         III.       DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorized Transporter of Oil       or Condensate       []         Name of Authorized Transporter of Oil       or Condensate       []         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         If well produces oil or liquids, give location of tanks.       []       []         If this produces oil or liquids, give location of tanks.       []       []         If this production is commingled with that from any other lease or pool, give contensate       []         IV.       COMPLETION DATA       []         Designate Type of Completion - (X)       []       []         Date Spudded       []       Date Compl. Ready to Prod.         Elevations (DF, RKB, RT, GR, etc.)       []       Name of Producing Formation	Other (Please explain)         er of:         ie
Lease Name       Well No.       Pool Name         GULF       STATE       ARTE         Location       Unit Letter       H       : 23/0       Feet From         Section       /8       Township       /8       Range         III.       DESIGNATION OF TRANSPORTER OF OIL AND N         Name of Authorized Transporter of Oil       or Condensate       Image         NAWAJO       CRUDE       OIL       PURCHASING         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.         give location of tanks.       H       I/8       Image       Image         If this production is commingled with that from any other lease or pool, give control.       Image       Image         Designate Type of Completion - (X)       Image       Image       Image         Date Spudded       Date Compl. Ready to Prod.       Image       Image         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Image         Perforations       TUBING, CASING       Image	ESIA POOL       County       E       828         In the       Line and       330       Feet From The       E       828         In the       Line and       330       Feet From The       EAST       Line         Address       NMPM,       Eddy       County         NATURAL GAS       Address (Give address to which approved copy of this form is to be sent)       P.O.       BOX       159       ARTESIA, N. M. 88210         as       Address (Give address to which approved copy of this form is to be sent)       Rge       Is gas actually connected?       When ?         Rge       Is gas actually connected?       When ?       28       Diff Resv         commingling order number:       Iotal Depth       P.B.T.D.       Top Oil Gas Fay       Iubing Depth
III. DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorized Transporter of Oil       or Condensate         Name of Authorized Transporter of Oil       or Condensate         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         If well produces oil or liquids, give location of tanks.       Unit       Sec.       1 wp.         If this production is commingled with that from any other lease or pool, give color       IV. COMPLETION DATA       Oil Well       Gas         Designate Type of Completion - (X)       Date Compl. Ready to Prod.       Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation         Perforations       TUBING, CASING	AS       NMPM,       Eddy -       County         NATURAL GAS       Address (Give address to which approved copy of this form is to be sent)       P.O. BOX 159 ARTESIA, N. M.' 88210         as       Address (Give address to which approved copy of this form is to be sent)         Rge.       Is gas actually connected?         When ?       28         commingling order number:       P.B.T.D.         Top Oil Cas Fay       P.B.T.D.         Top Oil Cas Fay       Tubing Depth
III. DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorized Transporter of Oil       or Condensate         NAVAJO CRUDE OIL PURCHASING       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.         If this production is commingled with that from any other lease or pool, give color       IV. COMPLETION DATA       Oil Well       Gas         Designate Type of Completion - (X)       Date Compl. Ready to Prod.       Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation         Perforations       TUBING, CASING	NATURAL GAS         Address (Give address to which approved copy of this form is to be sent)         P.O.       BOX       159       ARTESIA, N. M.: 88210         as       Address (Give address to which approved copy of this form is to be sent)         Rge.       Is gas actually connected?       When ?         28       Is gas actually connected?       When ?         s Well       New Well       Workover       Deepen         Plug Back       Same Res'v       Diff Res'v         Icial Depth       P.B.T.D.       Top Oil Gas Fay
give location of tanks.       H       18       18         If this production is commingled with that from any other lease or pool, give construction       IV. COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas         Date Spudded       Date Compl. Ready to Prod.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation         Perforations       TUBING, CASING	28
IV. COMPLETION DATA         Designate Type of Completion - (X)         Date Spudded         Date Spudded         Elevations (DF, RKB, RT, GR, etc.)         Name of Producing Formation         Perforations         TUBING, CASING	s Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Iotal Depth P.B.T.D. Top Oll Gas Fay Tubing Depth
Designate Type of Completion - (X)         Date Spudded       Date Compl. Ready to Prod.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation         Perforations       TUBING, CASING	I cial Depth     P.B.T.D.       Top Oil Clas Fay     Tubing Depth
Date Spudded     Date Compl. Ready to Prod.       Elevations (DF, RKB, RT, GR, etc.)     Name of Producing Formation       Perforations     TUBING, CASING	I otal Depth     P.B.T.D.       Top Oll Gas Fay     Tubing Depth
Perforations TUBING, CASING	Top Oil Gas Fay Tubing Depth
TUBING, CASING	Derth Casing Shoe
	AND CEMENTING RECORD
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil a	I
Date First New Oil Run To Tank Date of Test	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.)
Length of Test Tubing Pressure	Casing Pressure Choke Size 3 - 9-90
Actual Prod. During Test Oil - Bbls.	Waler - BMs. Gas- MCF & Ag LT ! TN M
GAS WELL	
Actual Prod. Test - MCF/D Length of Test	Bbls Condensate MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)	Casing Fressure (Shui in) Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANC 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 Date Approved MAR 9 1990
Signature	ByORIGINAL SIGNED BY
Printed Name Title	MIKE WILLIAMS Title SUPERVISOR DISTRICT I
Date Telephone the	

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.
 A) Senarate Form C-104 must be filed for each revel in multiply completed wells.

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