+ -	~								
Submit 5 Copies Appropriate District Office	Energy, Mineral		lew Mexico tural Resout		ient .	المشار والمتحالية	Form C-104 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISIO				·	к <u>1</u> 9 19 9	See Instructions	-	
P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088			• : •	0. C. D.				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						WHA SEA	ş		
I.	REQUEST FOR AL TO TRANSPO								
Operator						API No.			
Heartland E	nergy Corp	2 <u>~</u>		<u> </u>		2380	09		
156 Mariner	3 Way 1	Fairt	field	, CT	- 06	430			
Reason(s) for Filing (Check proper box) New Well	Change in Transpo	otter of:	Ouh	et (Please expla	iin)				
Recompletion	Oil 🗌 Dity Gai	•							
	Casinghead Gas Conden		N						
and address of previous operator <u>#L/#</u>	HAVE PETROLEIM	CORP.	HACKE	NSACK	BGROU NJ	<u>P,INC.</u>	3 UNIV, PL	.A2A	
II. DESCRIPTION OF WELL	Well No. Pitol Na	ame, Includi				of Lease	Lease No.		
Internorth &			460) G	ras		Federal or Fee	V-3390	0	
Unit Letter	: 1980 Feet Free	om The No	ORTH Lin	e and <u>198</u>	СО F.	et From Theh	Jest .	inc	
Section 32 Township	_	23 <i>6</i>	~		EDDY	- FIONE TOG		ine	
				virm, C			County	۲	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL ANI	D NATU		e address to wh	ich approved	copy of this form	is to be sent)		
Norma of Authorizant Transmission (17)									
Name of Authonized Transporter of Casing NAFURAL GAS	nhead Gas 🔀 or Dry (5 PIPEZINE CO.	Gas 🔄				copy of this form	is to be sens) ARD, IL 60148	0-	
If well produces oil or liquids, give location of tanks.	Unit Sec. T.vp.	Rge.	is gas actually $\forall e$	connected?	When		50	5 72	
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease or poci, give	e commingli	ng order numb	xer: /	VO			i 	
Designate Type of Completion	Oil Well G	las Weil	New Well	Workover	Deepen	Plug Back Sa	ne Res'v Diff Res	iv	
Date Spudded	Date Compl. Ready to Plod.		Total Depth	l I	l	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas I						
Perforations						Tubing Depth			
renorations						Depth Casing Si	105		
	TUBING, CASIN		CEMENTIN	NG RECORE)			,,	
HOLE SIZE	CASING & TUBING SI	IZE	DEPTH SET			SACKS CEMENT			
	· · · · · · · · · · · · · · · · · · ·								
V. TEST DATA AND REQUES OIL WELL (Test must be after re						L			
Date First New Oil Run To Tank	covery of total volume of load of Date of Test	u ana musi l	e equal to or Producing Me	exceed top allow thod (Flow, pur	vable for this 19, gas lift, et	depth or be for f c.)	ull 24 hours.)	<u> </u>	
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test									
Actual Flot During Test	Oil - Bbla.		Water - Bbis.			Gas- MCF	· · · · · · · · · · · · · · · · · · ·		
GAS WELL	· · · · · · · · · · · · · · · · · · ·					L,	<u></u>		
Acual Prod. Test - MCF/D	Length of Test		Bbis. Condens	ate/MMCF		Gravity of Coud	ensale		
Testing Method (pitot, back pr.)	Fubing Pressure (Shut-in		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA			ſ	·					
I hereby certify that the rules and regular	Lions of the Oil Conservation		C	IL CON	SERVA	TION DU	VISION		
Division have been complied with and that the information given above is true and complete to the best of my mowledge and belief.									
Mitcherr H Moh P				Date Approved					
Signature Mittelie H Fillete Provident				Date Approved					
Mitchell H. Fillet President				A A A A A A A A A A A A A A A A A A A					
<u>3-16-93</u> Date	203 254 - 33 Telephone No.	<u>304</u>	Title_		the the	the first	/		
INSTRUCTIONS: This form	ويبيني اوجردن تشتخصن المرائل وينهب				v ~ ~	v. (/			

orm 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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.