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Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerals and Natural Resources Depart			nent		Form C-104 Revised 1-1-89	`, ,↓{(	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088					See Instructions at Bottom of Page	- 1	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUEST FO		BLE AND AUTHOR					
I.   TO TRANSPORT OIL AND NATURAL GAS     Operator   Polo Oil and Gas Company					Well API No. 30-015-24621			
Address P. O. Box 481,	Artesia, Ne	w Mexico	88211-0481					
Reason(s) for Filing (Check proper box)   New Well   Recompletion   Change in Operator	Change in Oil A	Transporter of: Dry Gas	Other (Please exp	olain)				
If change of operator give name and address of previous operator							]	
II. DESCRIPTION OF WELL Lease Name								
Superior State		Pool Name, Includi Artes	ing Formation 51a-QN-GR-SA		of Lease Federal or Fee	St. K-10	20	
Unit Letter	990	Feet From The	Line and	990 Fe	et From The	WLin	e	
Section 24 Township		Kange	27E , NMPM,		Eddy	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OI	L AND NATU	RAL GAS					
Koch Oil Compan	Oil Company			Address (Give address to which approved copy of this form is to be sent) 1801 W. Texas, Midland, TX 79701				
Name of Authorized Transporter of Casing	phead Gas	or Dry Gas	Address (Give address to w	vhich approved	copy of this form	is to be sent)		
If well produces oil or liquids, give location of tanks.		Twp.   Rge. 185   27E	Is gas actually connected?	When	?			
If this production is commingled with that it IV. COMPLETION DATA	from any other lease or j	pool, give commingi	ing order number:	l				
Designate Type of Completion	- (X)	Gas Well	New Well   Workover	Deepen	Plug Back San	ne Res'v Diff Res'v	-	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	<u> </u>	P.B.T.D.	<u> </u>	_	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Sh	ioe		
	TUBING, CASING AND			RD				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOWA	BLE						
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of Date of Test	of load oil and must	be equal to or exceed top al	lowable for this	depth or be for fi	ull 24 hours.)		
Length of Test				Producing Method (Flow, pump, gas lift, e.				
	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	· · · · · · · · · · · · · · · · · · ·		L		<u> </u>			
	Length of Test		Bbls. 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 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 FEB 1 5 1993					
Rebecca Robinson								
Signite becca Robinson Agent			By ORIGINAL SIGNED BY THE MINE WILLIAMS					
Printed Name February 9, 1993			Title SUPERVISOR DISTRICT I					
	Teleş	phone No.						

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