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Submit 5 Conies Appropriate District Office DISTRICT I	Ene	rgy, Miner		New Mexico Itural Resource	s Department	RECEIVED	Form C-104 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240	O	L CON	SERV	ATION D	IVISION	NCT 1 1 1991	See Instructions at Bottom of Page
P.O. Drawer DD, Astenia, NM 88210 DISTRICT III			P.O. E	30x 2088 fexico 87504		0. C. D.	
1000 Rio Brazos Rd., Aztec, NM 874	10 REQUES			BLE AND A		ADTESIA COST	
l. Operator	TO	TRANS	PORT OI	L AND NAT	URAL GAS	Well API No.	
Address M	<u>ERIDIAN O</u>	IL INC	./				
Reason(s) for Filing (Check proper box	<u>P. O. BO</u>	<u>x 5181</u>	<u>0. MID</u>			810	
New Well		inge in Trans	porter of:	Other	(Please explain)		
Change in Operator	Oil Casinghead Ge	Dry Cond					
change of operator give name	NION TEXAS		UM, P.O	. BOX 2120	, HOUSTON	, TX 77252	
L DESCRIPTION OF WEL							······································
Neste Williams Feder	ral (ing Formation t (Bone Sp	ring)	Kind of Lease State Federal or Fee	Lease No. 68039
Unit LetterK	. 1980	East 1	From The	S Line a	. 1980		N.
Section 6 Towns	nin 185	Rang	015			Feet From The	Line
				, NMF	M, Eudy		County
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	or C	OF OIL AI			ddress to which a	approved copy of this form	s to be sent)
PRIDE PIPELINE COMPAN ame of Authorized Transporter of Cas		or Dr		P.O. Box	2436, Abi	lene, TX 79604	+
vell produces oil or liquide.	Unuit Sec.			P.O. Box	2197, Hou	<u>ston, TX 7725</u>	
e location of tanks.		10.04	1	is gas actually c		When ?	
this production is commingled with the COMPLETION DATA	at from any other les	as or pool, g	ve comming	ing order number			
Designate Type of Completion	n - (X) Ou	Well	Gas Well	New Well	Vorkover D	eepen Plug Back Sam	e Res'v Diff Res'v
ats Spudded	Date Compl. Re	ndy to Prod.		Total Depth	I	P.B.T.D.	
evations (DF, RKB, RT, GR, etc.)	Name of Product	ing Formation)	Top Oil/Gas Pay		Tubing Depth	
rforations					<u> </u>	Depth Casing Sho	×
· · · · · · · · · · · · · · · · · · ·	TUBI	NG, CASI	NG AND	CEMENTING	RECORD		
HOLE SIZE							
		& TUBING	SIZE	DE	PTH SET	SAC	SCEMENT
			SIZE	DE	PTH SET	Past 10-	S CEMENT ID - 3 5 - 91
				De	PTH SET	SACK Past ID-	ID-3
		OWABLE				Pest 10-	ID-3 5-91 5-21
LWELL (Test must be after		OWABLE			eed top allowable	for this depth or be for fu	ID-3 5-91 5-21
L WELL (Test must be after us First New Oil Rua To Tank	recovery of total vo	OWABLE		be equal to or exc	eed top allowable	for this depth or be for fu	ID-3 5-91 5-21
TEST DATA AND REQUE L WELL (Test must be after us First New Oil Rua To Tank ngth of Test tual Prod. Dunng Test	recovery of total vo Date of Test	OWABLE		be equal to or exc Producing Metho	eed top allowable	for this depth or be for ful as lift. etc.)	ID-3 5-91 5-21
L WELL (Test must be after te First New Oil Rua To Tank ngth of Test tual Prod. During Test	recovery of total voi Date of Test Tubing Pressure	OWABLE		be equal to or exc Producing Metho Casing Pressure	eed top allowable	e for this depth or be for fu as lift. etc.) Choke Size	ID-3 5-91 5-21
L WELL (Test must be after te First New Oil Run To Tank ngth of Test tual Prod. Dunng Test AS WELL	recovery of total voi Date of Test Tubing Pressure	OWABLE		be equal to or exc Producing Metho Casing Pressure Water - Bbis.	eod top allowable d (Flow, pump, g	e for this depth or be for fu as lift. etc.) Choke Size	ID-3 5-91 124 hours.)
L WELL (Test must be after te First New Oil Run To Tank ngth of Test tual Prod. During Test AS WELL nual Prod. Test - MCF/D	recovery of total voi Date of Test Tubing Pressure Oil - Bbis.	DWABLE		be equal to or exc Producing Metho Casing Pressure Water - Bbis. Bbis. Condensate	eed top allowable d (Flow, pump, g MMCF	for this depth or be for fu as lift, etc.) Choke Size Gas-MCF	ID-3 5-91 124 hours.)
L WELL (Test must be after te First New Oil Run To Tank ngth of Test tual Prod. During Test AS WELL tual Prod. Test - MCF/D tung Method (puot. back pr.)	recovery of total voi Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in)	oil and must	be equal to or exc Producing Metho Casing Pressure Water - Bbis.	eed top allowable d (Flow, pump, g MMCF	e for this depth or be for fu as lift. etc.) Choke Size	ID-3 5-91 124 hours.)
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L WELL (Test must be after us First New Oil Run To Tank ngth of Test	recovery of total voi Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (CATE OF CO Unitions of the Oil Co that the information knowledge and belief	Shut-ca)	oil and muse	be equal to or exc Producing Metho Casing Pressure Water - Bbis. Bbis. Condensate Casing Pressure (OII Date A	eed top allowable d (Flow, pump, g MMCF Shut-ia) _ CONSE oproved ORIGINAL MIKE WILI	for this depth or be for fu as lift, etc.) Choke Size Gas-MCF Gravity of Conden Choke Size RVATION DIV OCT 1 8 199 SIGNED BY	ID-3 5-9/ 124 hours.)

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 L 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 mult v completed wells.