Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico irgy, Minerals and Natural Resources Departm

RELEITE

Form C-104 Revised 1-1-1

OIL CONSERVATION DIVISIONMAR & 9 1993

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

C. L. D.

7	
) On	
) Op

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWARI F AND AUTHORIZATION

_	neu	70.70	ANICE		L AND NA	TUDALC	A.C.	•			
<u> </u>		10 IH	ANSF	OHIO	L AND NA	TURALG	AS Well	API No.			
Operator	S =							0-015-27	213		
Harvey E. Yates (ompany						1 30	1-013-27	213		
Address		N: N#	0000								
P.O. Box 1933, F Reason(s) for Filing (Chack proper bo	<u>koswell,</u>	IN . IVI .	8820	14	Oth	er (Please expl	ain)				
<u></u>	.,	Change i	n Transr	norter of:	سے سا		,				
New Well	Oil		Dry C		r f f o	ctive Apr	cil 1	1003			
Recompletion U		ad Gas	_	<u></u>	ETIE	LIVE AP	111 1,	1993			
Change in Operator [change of operator give name	Canaga										
ind address of previous operator											
•	LANDIE	ACE									
II. DESCRIPTION OF WELL Lease Name	L AND LE	Well No.	Pool	Name, Includ	ling Formation		Kind	of Lease	I	Lease No.	
Arco 8 Federal		#5			Bone: Spr	ing North	7 State	Federal or Fe	LC-0	29393-A	
Location		<u> </u>				·····					
1	. 10	980	tan I	Genera The	South Lin	e and 60	60 F	eet From The	West	Line	
Unit Letter	:		rea r	rom the	<u> </u>		·				
Section 8 Town	nship 189	3	Range	3.	1E , N	MPM,			Eddy	County	
Section 8 10w1	isinp				<u> </u>				•		
II. DESIGNATION OF TR	ANSPORTE	ER OF C	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oi		or Conde			Address (Gir	e address to w	hich approved	copy of this	form is to be s	ieni)	
Koch Trucking	لکا			لـــا	P.0.	3609 3ox	, Midlai	nd, Texa	s 7970	2	
Name of Authorized Transporter of Ca	singhead Gas	(X)	or Dr	y Gas	Address (Giv	e address 10 w	hich approve	copy of this f	form is to be s	ieni)	
Conoco, Inc.		- ₩-			P.0.	3ox 2197	, Hous	ton, Tex	as 772	52	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuall		When				
ive location of tanks.	i K	i 8	i 18	i 31	Yes			1/13/93			
f this production is commingled with the	hat from any of					er:					
V. COMPLETION DATA				_	_						
· · · · · · · · · · · · · · · · · · ·		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	i	i		İ		1	1	l	1	
Date Spudded		pl. Ready t	o Prod.		Total Depth			P.B.T.D.			
		•									
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
desarrous [51] Total (11)					1						
erforations								Depth Casin	g Shoe		
		TUBING	. CASI	NG AND	CEMENTI	NG RECOR	B				
HOLE SIZE		CASING & TUBING SIZE			DEPTHISET			SACKS CEMENT			
NOCE SIZE											
						A					
				-							
. TEST DATA AND REQU	FST FOR	ALLOW	ABLE		*			_1			
OIL WELL (Test must be after	es seconery of t	otal volume	of load	oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te		7,00	<u> </u>	Producing M	thod (Flow, p	ump, gas lift,	elc.)			
Date Lite Leen Oil You 10 1 mm	Date of 16	Date of Tex					•				
least of Test	Tubing Po				Casing Press	ire		Choke Size			
length of Test	Lucius Li										
Actual Prod. During Test				Water - Bbis.			Gas- MCF				
Ausl Prod. During Test Oil - Bbls.											
		 			1						
GAS WELL								1 7	and Service		
Actual Prod. Test - MCF/D	n of Test			Bbis. Conden	MMCF		Gravity of C	TOTIOGRAPHS			
								(C) =1 A			
esting Method (pilot, back pr.)	Tubing Pr	essure (Shu	u-in)		Casing Press		Choke Size				
					<u> </u>			<u></u>			
VL OPERATOR CERTIF	ICATE OF	COM	PLIA	NCE				4 771 / 1		~ A .!	
I hereby certify that the rules and re						DIL CON	ISERV	AHON	DIVISIO	אנ	
Division have been complied with and that the information given above					APR = 5 1993						
is true and complete to the best of n					Date	Approve	d	APK "			
<u>-</u>	٨				Daile	whhinse	·				
Lickie	000				_	•	AD10::: :	1 0105:2:			
Signature						By ORIGINAL SIGNED BY					
Vickie Teel	D	rlg/Pr	od A	<u>nalys</u> t	H		MIKE W				
Printed Name			Titie		Title.		<u>şurt</u> ry.	SOR, DIS	TRICT II		
3/26/93	5	05/623	<u>-660</u>	1							
Deta		Tele	ephope ?	¥o.	11						

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
- 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.