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

## State of New Mexico Energy, Minerals and Natural Resources Department

RECE

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 FEB -2'90

IVED	Form C-104 Revised 1-1-89 See Instruction at Bottom of P	

DISTRICT III	Santa Fe, New Me	exico 87504-2088	:	120 2.		
1000 Rio Brazos Rd., Aztec, NM 87410  I.	REQUEST FOR ALLOWAR TO TRANSPORT OIL	BLE AND AUTHORIZA AND NATURAL GAS	TION ,	C. C. D ARTESIA, OFI		
Operator Phemons - Address	Huseh oih	Co	Well A	Pl No.		
Reason(s) for Filing (Check proper box)	55 Woltforth	Tetas 79382  Other (Please explain)			· · · · · · · · · · · · · · · · · · ·	
New Well Recompletion	Change in Transporter of: Oil Dry Gas	Other (Please explain)				
Change in Operator	Casinghead Gas Condensate			···		
and address of previous operator  II. DESCRIPTION OF WELL A	AND LEASE		· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·	
Lease Name Non Shusant Location	Well No. Pool Name, including Shugar		Kind of	Lease ederal or Fee		19 No.
Unit Letter	: 990 Feet From The	ciTh Line and 330	) Fee	t From The _	Wes	Line
Section 2 \ Township	185 Range 317	, NMPM,	Edd	\ <u>\</u>		County
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS		<u> </u>		
Pride Pipchine Name of Authorized Transporter of Casing	Company  thead Gas or Dry Gas	Address (Give address to which Address (Give address to which	€ A	bilens	e toxa	179604
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	· · · · · · · · · · · · · · · · · · ·	AM IS 10 DE SER	- ·
	rom any other lease or pool, give commingl	ing order number:	_L			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well   Workover   1	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay		Tubing Depth		
Perforations		1		Depth Casin	g Shoe	
	TUBING, CASING AND	CEMENTING RECORD	······································	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE			INT		
 V. TEST DATA AND REQUES	T FOR ALLOWABLE					
OIL WELL (Test must be after red) Date First New Oil Run To Tank	ecovery of total volume of load oil and must	the equal to or exceed top allows	ble for this	depth or be j	for full 24 how	rs.)
	Date of Test	Producing Method (Flow, pump)	, gas lift, e	tc.)		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas- MCF		
GAS WELL				- <del></del>		<del></del> J
Actual Prod. Test - MCI/D	Length of Test	Bbls. Condensate/MMCF		Gravity of (	Condensate	
[Festing 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 6 1990				
De &	Date Approved	<del>-,,</del>		•		
Signature Glen Plan	By	)(*; <u>6181</u>	<del>. 31<b>3NED</b> 1/2345</del>	<del>18</del> 7	<del></del>	
Date 2 - 2 - 93	1775 1/5 CO.CONCO Title BOG-81-CG-4153 Telephone No.	Title	<u> </u>	<u> </u>	1011	· /

## 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 most in multiple completed walls