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

State of New Mexico E y, Minerals and Natural Resources Department

MELEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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I. OPERATOR CERTIFICATE OF CO I hereby certify that the rules and regulations of the Od C			asing Pressure (Shut-in)		Choke Size				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

is true and complete/to the best of my

-19-93

Signature

Date

Pripted Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

Date Approved _

ORIGINAL, SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

2) All sections of this form must be fulled out for allowable on new and recompleted wells.

OPERATIONS

Telephone No

(915)683-3471

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

MGR

4) Separate Form C-104 must be filed for each pool in multiply completed wells.