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

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

DISTRICT III
P.O. Box 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 30 1989

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

CLSF
BT
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE
Well APT No.

Operator
Reeves County Systems, Inc. /

Address
P. O. Box 152, Odessa, Texas 79760

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Operator ☐ Casinghead Gas ☐ Condensate ☒

If change of operator give name and address of previous operator

I. DESCRIPTION OF WELL AND LEASE

Lease Name DWU Federal	Well No. 1	Pool Name, including Formation Winchester-Atoka	Kind of Lease State, Federal or Lease	Lease No. NM0473362
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Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 34 Township 19-S Range 28-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210
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Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Delaware Natural Gas Co., Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5596, Midland, Texas 79701
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If well produces oil or liquids, give location of tanks.	Unit O	Sec. 34	Twp. 19	Rge. 28	Is gas actually connected? No	When? November 1, 1989
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If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Port ID-3
			11-3-89
			Add RT: DNG
			Add WT: NRC

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature R. N. Hillin President
Printed Name 10-27-89 Title 915 563-3563
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 30 1989

By ORIGINAL SIGNED BY
MUE VP LUCAS
SUPERVISOR, DISTRICT II
Title

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.