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

JAN 2 8 1994

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

LIEST FOR ALLOWARI F AND AUTHORIZATION

_	HEUDESTI									
I.	10 IH	ANSPORT	OIL	AND NAT	UHALGA	Neil A	PI No.	 		
Operator BABER WELL SERVICING COMPANY				30			-015-22624			
<u> </u>	ICING COMP.	ANI								
Address P.O. BOX 1772	новв	S, NM	88	241						
Reason(s) for Filing (Check proper box)			Х	XXXX Othe	r (Please expla	in)				
New Well	Change	in Transporter of					WELL TO	TNCL	IDE COM	
Recompletion		Dry Gas		CH.	ANGE NA	ME OF	WELL TO	T. IA C T. (,DE <u>-0011</u>	
Change in Operator	Casinghead Clas				EFF.	08/89				
If change of operator give name										
and address of previous operator										
H DECEDIBITION OF WELL	ANDIFACE									
II. DESCRIPTION OF WELL		o. Pool Name, li	cludir	e Formation		Kind o	Less		ase No.	
LONG BOX COM	Well No	TRES	HON	BRES A	TOKA	State (Federal or Me	NMN	M 30062	
	.11	TREE								
Location	1000		M	OPTH	. 66	.0 -		EAST	Line	
Unit Letter H	_ : <u>1980</u>	Feet From Th	¢	ORTH Line	and	Fe	et From The		Lile	
2.0	. 20 0		24 – I	7 N.	1PM,	I	EDDY		County	
Section 30 Townshi	ip 20-S	Range 4	- 4 1	- 'NV	arm,					
	uan a namun a n	OVE AND NO	err ir	247 C46						
III. DESIGNATION OF TRAN	ASPORTER OF	OIL AND NA	LIUI	Address (Give	address to wh	ich annenwed	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil	or Cond	en sate		Municipa (Office	. 2000 100 10 10					
				Address (Chu		ich annemed	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casin	ighead Gas	or Dry Gas [Address (GIW	e dadress to wi	исл арргочеи	copy by this jor	IN M W DE JE	·-,	
EEC						When	· · · · · · · · · · · · · · · · · · ·			
If well produces oil or liquids,	Unit Sec.	Twp.	Nge.	la gas actually	connected	1 1111611	•			
give location of tanks.				L						
If this production is commingled with that	. from any other lease of	or pool, give com	mingli	ng order numb	er:					
IV. COMPLETION DATA									- b:« p	
	Oil W	ell Gas W	eil	New Well	Workover	Deepen	Plug Back S	same Kes v	Diff Res'v	
Designate Type of Completion	<u> </u>					<u> </u>	l,		_l	
Date Spudded	Date Compl. Ready	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			
							Depth Casing Shoe			
Perforations							Depth Casing	Puoe		
							<u> </u>			
	TUBING, CASING AND						DACKE CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							101 +0-3			
·							1 2	<u>-18-</u>	79	
								the tre mane		
							<i>(a</i>	1		
V. TEST DATA AND REQUE	ST FOR ALLOY	VABLE								
OIL WELL (Test must be after t	recovery of total volun	ne of load oil and	musi	be equal to or	exceed top allo	mable for thi	s depth or be fo	r full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)			
Date that New On Roll to Table	Date of Ica	•								
Length of Test	Tubing Pressure			Casing Pressu	re		Choke Size			
Lengui or rea	Tuoing Treasure	`	'	,,,						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Ges- MCF			
Actual Flot. During Test	Oli - Dola.									
							····			
GAS WELL							Oravity of Co	ndentale		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden-	MEMMER		Olavily of Co	4) OCH SALC		
				Casing Pressure (Shui-in)			Choke Size			
Testing Method (pirot, back pr.) Tubing Pressure (Shut-in)				Casing a resource (career as)			Choice Chair			
	<u> </u>			l ,			1			
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIANCE				Benev	ATIONE	אואפוכ	ואכ	
I hereby certify that the rules and regu		OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above				FEB 3 1994						
is true and complete to the best of my	knowledge and belief	•		Date	Approve		U			
	. 0				• •					
X herry To	200			By				r II		
Signature SHERRY WADE	PROD	CLERK		By_			DISTRICT	- 4		
	FROD	Title			50101	RVISOR	der * * *			
Printed Name	(505) 3	92-5516		Title	2011					
01/24/94 Date		elephone No.								
	-			1.1						

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) Secreta Form C 104 must be filed for each pool in multiply completed wells