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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

	Revised 1-1-89 See Instructions at Bottom of Pag					
Santa Fe			V			
File						
Transporter		Oil	127			
Tanaporter		Gas	7			
Operator			1 7			

Form C-104

Fina 0il & Chemica dress  Box 2990, Midland, ason(s) for Filing (Check proper box)  Well completion ange in Operator change of operator give name address of previous operator  DESCRIPTION OF WELL A sease Name  State HL-1	Casinghead C	79702.  hange in Trai  Dry Gas Con	nsporter of:  / Gas	Other	(Please explai	Well AP	Í No.			
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Unit LetterN	_ :6	60 Fe	et From The	JULIII LIBE	200					
Taranchie	195	Ra	nge 29E	, NN	IPM,	Eddy			County	
Section 1 Township										
. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATUI	RAL GAS	11	iah a	come of this for-	n is to he se	nt)	
lame of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent) P.O.Box 3609, Midland, Texas 79702							
Koch Oil Company_	Koch Oil Company		P.U.Box	30U9, M	itulalia,	copy of this form is to be sent)				
ame of Authorized Transporter of Casing	ghead Gas	or or	Dry Gas 🗓		1492, E			79978	,	
<u>El Paso Natural Ga</u>	as		wp. Rge.		. 1476, E	When				
well produces oil or liquids,	1	•	wp.   Rge.  9   29	Yes	, comeass.					
re location of tanks.	I N I				per:					
this production is commingled with that	from any other	r lease of poo	A, give oximinae							
. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		1		i	İ	<u> </u>				
ale Spudded	Date Compl	. Ready to Pr	rod.	Total Depth			P.B.T.D.			
are spreader										
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth					
						Depth Casing Shoe				
erforations							Depar Calling			
				CEL CELE	NC DECOI	20	<u> </u>			
			ASING AND	CEMENT	DEDTH SET	<u> </u>	S	ACKS CEN	ENT	
HOLE SIZE	CAS	SING & TUB	ING SIZE		DEPTH SET			Pert T.D- 3		
							6-3-89			
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			<del></del>	<del> </del>			7			
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	<u></u>						
I. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of to	ial volume of	f load oil and mus	n be equal to a	r exceed top a	llowable for the	is depth or be fo	or full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Tes			Producing N	lethod (Flow,	pump, gas lift,	elc.)			
Carried a state of the state of						<del></del>	Choke Size			
Length of Test	Tubing Pre	Tubing Pressure		Casing Pressure			Choke Size			
						Gas- MCF				
g-: -:		Oil - Bbls.		Water - Bbis.			GES- 171C1			
	Oil - Bbls.			1						
	Oil - Bbls.									
Actual Prod. During Test	Oil - Bbls.						Commence C	ondensore		
Actual Prod. During Test  GAS WELL	Oil - Bbls.			Bbls. Cond	ensate/MMCF		Gravity of C	ondensate		
Actual Prod. During Test  GAS WELL	Length of	Test						ondensate		
GAS WELL Actual Prod. Test - MCF/D	Length of		in)		ensate/MMCF		Gravity of C	ondensate		
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GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)	Length of	Test essure (Shut-			ssure (Shut-in)	ONSER!	Choke Size			
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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.