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to appropriate District Office
STRICT I
P.O. Box 1980, Hobbs, NM 88240
STRICT II
P.O. Drawer DD, Artesia, NM 88210
STRICT III
P.O. Box 87410, 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

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

RECEIVED

MAR 09 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator Reeves County Systems, Inc. Well API ARTESIA, OFFICE

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 ☐

Change of operator give name and address of previous operator Hillin Production Co., P.O. Box 152, Odessa, Texas 79760

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>DWU</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Winchester-Wolfcamp</u>	Kind of Lease <u>XXXX Federal XXXX</u>	Lease No. <u>NM0473362</u>
Location Unit Letter <u> </u> : <u>800</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>19-S</u> Range <u>28-E</u> NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 175, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>34</u> Twp. <u>19</u> Rge. <u>28</u>	Is gas actually connected? <u>Yes</u> When? <u>8-12-80</u>

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v
Date Spudded <u> </u>	Date Compl. Ready to Prod. <u> </u>
Elevations (DF, RKB, RT, GR, etc.) <u> </u>	Name of Producing Formation <u> </u>
Perforations <u> </u>	Top Oil/Gas Pay <u> </u>
Depth Casing Shoe <u> </u>	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u> </u>	<u> </u>	<u> </u>	<u>Prod ID-3</u>
<u> </u>	<u> </u>	<u> </u>	<u>3-12-89</u>
<u> </u>	<u> </u>	<u> </u>	<u>chg up</u>

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 <u> </u>	Date of Test <u> </u>	Producing Method (Flow, pump, gas lift, etc.) <u> </u>	
Length of Test <u> </u>	Tubing Pressure <u> </u>	Casing Pressure <u> </u>	Choke Size <u> </u>
Actual Prod. During Test <u> </u>	Oil - Bbls. <u> </u>	Water - Bbls. <u> </u>	Gas - MCF <u> </u>

GAS WELL

Actual Prod. Test - MCF/D <u> </u>	Length of Test <u> </u>	Bbls. Condensate/MCF <u> </u>	Gravity of Condensate <u> </u>
Testing Method (pilot, back pr.) <u> </u>	Tubing Pressure (Shut-in) <u> </u>	Casing Pressure (Shut-in) <u> </u>	Choke Size <u> </u>

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 3-7-89 Title 915-563-3563
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 13 1989

By Original Signed By
Mike Williams

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.