Submit 5 Copies
Appropriate District Office
DISTRICT P.O. Box 1980, Hobbs, NM 88240 State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

TO TRANSPORT OIL AND NATURAL GAS  Mack Energy Corporation  Change in Transporter of Change in Transporter of Condensite Condensi	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND AUTHORIZ	ZATION				
Address Fine Fig. Corporation  Mack Energy Corporation  Change in Grand Corporation  Change in Grand Corporation  Condense Corporation  Condense Corporation  Condense Corporation  Mack Energy Corporation  Change in Grand Corporation  Condense Corporation  Condense Corporation  Mack Energy Corporation  Condense Corporation  Condense Corporation  Mack Energy Corporation  Condense Corporation  Condense Corporation  Mack Energy Corporation  Mack Energy Corporation  Condense Corporation  Mack Energy Corpo	I. TO TRANSPORT OIL AND NATURAL GAS								
Addition (Please Capital Please Chicago Please Competence   Change in Transporter of   Change in Openia   Chicago Plant   Change in Transporter of   Change in Openia   Chicago Plant   Change in Openia	Operator					12/ - 015- 25248			
Reacoutly for filing (Entert proper host)  New Well Recompletion  Oil Dry Care Recompletion  Oil Dry Care Recompletion  Oil Compensation  Contempts of Effective 1/1/93  Categopheas (Sar Contensate of Effective 1/1/93  Categopheas (Sar Contensate of Contensate of Sar Contensate Of S	Address						<u> </u>		
Camps in Transporter of Camps in Transporter of Camps in Transporter of Camps in Transporter of Production In Constitution of Production In Constitution In Co	P.O. Box 1359, Artes	sia, NM 882	11-1359	Other (Please expla	inl				
Recompletion	1 (-)	Change	n Transporter of:	Other (1 tease expan	,				
Caugh in Operator   3  Cardiophes Clas   Conformed     Transpart of generative trains and personal operator of personal operator operator of personal operator operat	[ · · · · · · · · · · · · · · · · · · ·		¬ ' [1	Effective	1/1/93				
Tomage of greater species are present and address of present species of production   Comportation, F.O. Box 548, Artesia, NN 88211-0548	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Liase Nume   Ven No.   Pool Name, Instituting Formation   State   Name		whead Oil Co	rporation,	P.O. Box 548, Art	esia, N	M 88211-	0548		
Lease Name   Veril No.   Pool State,   Including Formation   State,   Name No.   Care	II. DESCRIPTION OF WELL		Vind	of Lanca	leas	No.			
EL CHEAGO  Lossion  Unit Letter  I: 330 Feel From The East. Lise and 1650 Feel From The South Line  Section 1 Township 198 Range 278 NMM, Eddy.  County  Section 1 Township 198 Range 278 NMM, Eddy.  County  HIII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorised Transporter of Oil [X] Or Combinate P. J. Allers (Give address to which approved copy of this form to to be seed)  Navel of Ref Ining Condany  Name of Authorised Transporter of Casingbard Oas Or by Gas ( )  Navel produces oil or liquids, part of the seed of this production of tanks:  If well produces oil or liquids, part of Casingbard Oas Or by Gas ( )  If well produces oil or liquids, part of Casingbard Oas Or by Gas ( )  If well produces oil or liquids, part of Casingbard Oas Or by Gas ( )  If well produces oil or liquids, part of Casingbard Oas Or by Gas ( )  If well produces oil or liquids, part of Casingbard Oas Or by Gas ( )  If well produces oil or liquids, part of this production of tanks ( )  If well produces oil or liquids, part of this part of the seed of this part of this part of the seed of this part of the seed of this part of the seed of this part of this part of the seed of this part of thi	Lease Name		State, I		TANK TANK TANK TA				
Unit Letter 1: 330 Fee From The EGST Line and 16301 Feet From The SOULD Line  Section 1 Township 198 Range 27E NMPM EGDy County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transported Color Condensite P. 2.0 Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Oas Or Dry Gas [] Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Oas Or Dry Gas [] Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Oas Or Dry Gas [] Address (Give address to which approved copy of this form is to be sent)  P. 0. DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0. DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0. DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0.0 DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0.0 DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0.0 DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0.0 DEMON: 1.59 Art test is. N. M. RE2 11—0.159  Address (Give address to which approved copy of this form is to be sent)  P. 0.0 DEMON: 1.59 Art test is to be sent)  P. 0.0 DEMON: 1.59 Art test is to be sent)  P. 0.0 DEMON: 1.59 Art test is to be sent on the sent is to be sent			Artesia QN	I-GB-SA			1_20_2/2		
Section I township 19'S reading	-	: 330	_ Feet From The _E	CastLine and1650	Fe	et From The	South	Line	
Name of Authorized Transporter of Oil  Navaja (Ref Initing, Company)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquide, previously of this form of the company of the company of this form is to be sent)  If well produces oil or liquide, previously of this form any other less or pool, give normalinging order number:  If well produces oil or liquide, previously of this form any other less or pool, give normalinging order number:  If well produces oil or liquide, previously of this form any other less or pool, give normalinging order number:  If well produces oil or liquide, previously of this production is comminging order number:  If well produces oil or liquide, previously of the company of	Section 1 Township	p 19S	Range 27E	, NMPM,	Eddy			County	
Name of Authorized Transporter of Oil  Navaja (Ref Initing, Company)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquide, previously of this form of the company of the company of this form is to be sent)  If well produces oil or liquide, previously of this form any other less or pool, give normalinging order number:  If well produces oil or liquide, previously of this form any other less or pool, give normalinging order number:  If well produces oil or liquide, previously of this form any other less or pool, give normalinging order number:  If well produces oil or liquide, previously of this production is comminging order number:  If well produces oil or liquide, previously of the company of	III DESIGNATION OF TRAN	SPORTER OF (	DIL AND NATU	RAL GAS					
Navajo Refining Company  P.O. Drawer 139. Artessia, NM SRI-10159  If well produces circ liquide, give location of teaks.  If well produces circ liquide, give location of teaks.  If well produces circ liquide, give location of teaks.  If this production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is commingled with that from any other lease or pool, give commingling order number:  If well production is gas actually connected?  When?  Well Workover Deepen Prug Back Same Resv Diff Resv  In the gas actually connected?  When?  If we well Workover Deepen Prug Back Same Resv Diff Resv  In the gas actually connected?  Weeker Production (Production of Production of Prod	Name of Authorized Transporter of Oil	na Conde		Address (Give address to whi					
If well producted oil or liquids, production is commingled with that from any other lease or post, give location of tanks.  If this production is commingled with that from any other lease or post, give contentingling order number:  If well production is commingled with that from any other lease or post, give contentingling order number:  If well production is commingled with that from any other lease or post, give contenting ing order number:  If well production is commingled with that from any other lease or post, give contenting ing order number:  If well production is commingled with that from any other lease or post, give contenting order number:  If well production is commingled with that from any other lease or post, give contenting order number:  If well production is commingled with that from any other lease or post, give contenting order number:  If well production is commingled with that from any other lease or post, give contenting order number:  If well production is commingled with that from any other lease or post, give contenting ing order number:  If well production is commingled with that from any other lease or post, give contenting ing order number:  If well production is commingled with that from any other lease or post, give contenting ing order number:  If well production is commingled with the fine production of the old volume of local order number:  It well producted is commingled with the fine production of the old volume of local order number:  It will be present that the production of the old volume of local order number:  It will be producted in the production of the old conservation products and the interior production above is true and complete to the best of my knowledge and belief.  It will be producted to the best of my knowledge and belief.  It will be producted to the best of my knowledge and belief.  It will be producted to the best of my knowledge and belief.  It will be producted to the best of my knowledge and belief.  It will be producted to the best of my knowledge and b				P.O. Drawer 159, Artesia, NM 88211-0159					
If this production is communged with that from any other lease or pool, give communingling order number:  If this production is communged with that from any other lease or pool, give communingling order number:  If Oli Weil Gas Weil New Weil Workover Deepen Plug Back Same Resv Diff Resv Date Spudded  Date Completion - (X) Dil Weil Gas Weil New Weil Workover Deepen Plug Back Same Resv Diff Resv Date Spudded  Date Completion - (X) Dil Weil Gas Weil New Weil Workover Deepen Plug Back Same Resv Diff Resv Date Completion of Producing Formation Top Oli/Gas Pay Tubing Deepth  Depth Classing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE Date of Test Date No. 10 Date Of Test Date Of D	Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)					
If this production is communged with that from any other lease or pool, give communingling order number:  If this production is communged with that from any other lease or pool, give communingling order number:  If Oli Weil Gas Weil New Weil Workover Deepen Plug Back Same Resv Diff Resv Date Spudded  Date Completion - (X) Dil Weil Gas Weil New Weil Workover Deepen Plug Back Same Resv Diff Resv Date Spudded  Date Completion - (X) Dil Weil Gas Weil New Weil Workover Deepen Plug Back Same Resv Diff Resv Date Completion of Producing Formation Top Oli/Gas Pay Tubing Deepth  Depth Classing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE Date of Test Date No. 10 Date Of Test Date Of D	Wll hose oil or liquids	I Unit   Sec	Two Rge.	Is gas actually connected?	When	7			
If this production is communicated with that from any other lease or poet, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Speaked  Date Compl. Ready to Prod.  Date Speaked  Date Compl. Ready to Prod.  Date Speaked  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  P.B.T.D.  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING 8 TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Duivious have be complied with and that the information given above is true and complete to the best of my trowledge and belief.  Date Production Clerk Production Clerk Production Clerk Production Clerk Production Clerk Printed Name  1/4/93  Signature  Crising Actual Prod.  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By ORIGINAL SIGNED BY MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19	give location of tanks.	•			i				
Designate Type of Completion - (X)  Date Spedded  Date Compl. Ready to Prod.  Date Spedded  Tubling Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Get 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  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have nomplete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have nomplete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have no complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have no complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have no complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		from any other lease o		ing order number:					
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Depth Casing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SAGKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (I est 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  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  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.  Date First DATA AND REQUEST FOR ALLOWABLE  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19  Title SUPERVISOR, DISTRICT 19	IV. COMPLETION DATA						Darin D	of Dan's	
Date Spedded  Date Compil Ready to Prod.  Top Old/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE Old 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 Rus To Tank  Date of Test  Length of Test  Casing Pressure  Choke Size  Oil - Bbis.  Condensate/MMCF  Gravity of Condensate  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  Crisinal Production Clerk Printed Name  Title  SUPERALOR.  Total Depth  Total Depth  Tobil Depth Casing Shoe  Tubing Pressure  Casing Pressure  Choke Size  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERALOR. DISTRICT 19	Delines of Completion		li Gas Well	New Well   Workover	Deepen	Plug Back  Sa 	me Kesv p	ili Kesv	
Elevations (DF, RKB, RI, GR, etc.)  Name of Producing Formation  Tubling, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Today Off  Casing Pressure  Choke Size  Today Off  Casing Pressure  Choke Size  Today Off  Casing Pressure (Shut-in)  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  Crissa Carter  Production Clerk  Printed  Title  1/4/93  Tubing Pressure  Title  SUPERVISOR, DISTRICT 17  Title  SUPERVISOR, DISTRICT 17			la Prod	Total Depth		P.B.T.D.	I		
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE Interty 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  Crissa Carter  Production Clerk Printed Name  (505) 748-1288  Title  SUPERNISOR, DISTRICT 19  Tobel CASING AND CEMENTING RECORD  Depth Casing Shoe  SACKS CEMENT	Date Spudded	Date Compi. Ready	io rioa.						
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Great 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  Casing Pressure  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  Crissa Carter  Production Clerk Printed Name  Title  Title  Title  SUPERVISOR, DISTRICT 19  SACKS CEMENT  SAC	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	ormation	Top Oil/Gas Pay		Tubing Depth			
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  Producing Method (Plan To Tank Date of Test Date	Perforations					Depth Casing Shoe			
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  Producing Method (Plan To Tank Date of Test Date		THRING	CASING AND	CEMENTING RECORI	<u> </u>				
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL If 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 howrs.)  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 1-15 93  Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Choke Size 1-15 93  Water - Bbls. Gravity of Condensate  Water - Bbls. Condensate/MMCF Gravity of Condensate  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 Crissa Carter Production Clerk Price (South of Control	HOLE SIZE					SACKS CEMENT			
OIL WELL  Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depin or be for juli 24 rolus?  Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  Casing Pressure  Choke Size  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing 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  Crissa Carter  Production Clerk  Printed Name  1/4/93  (505) 748-1288  Title  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT IF	HOLE SIZE	Onoma u 1	001114 0.22						
OIL WELL  Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depin or be for fall at 4 miss.)  Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing 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  Crissa Carter  Production Clerk  Printed Name  1/4/93  (505) 748–1288  Title  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF									
OIL WELL  Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depin or be for fall at 4 miss.)  Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing 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  Crissa Carter  Production Clerk  Printed Name  1/4/93  (505) 748–1288  Title  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF									
OIL WELL  Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depin or be for fall at 4 miss.)  Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing 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  Crissa Carter  Production Clerk  Printed Name  1/4/93  (505) 748–1288  Title  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF  Title  SUPERVISOR, DISTRICT IF			TOLE			<u> </u>			
Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  1-15 93  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gravity of Condensate  Gravity of Condensate  Casing Pressure (Shut-in)  Gravity of Condensate  Casing Pressure (Shut-in)  Testing Method (pion, back pr.)  Tubing Pressure (Shut-in)  Tokke 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  Crissa Carter  Production Clerk Printed Name  1/4/93  (505) 748-1288  Title  SUPERVISOR, DISTRICT if	V. TEST DATA AND REQUES	IT FOR ALLOW	ABLE	he equal to or exceed top allo	wable for this	s depth or be for	full 24 howrs.)		
Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke S		Destruit Alathod (films numn eat Uff elf )							
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF Gas-MCF  Gas-MCF Gas-MCF  Oil - Bbls.  Bbls. Condensate/MMCF  Testing Method (piiot, back pr.)  Tubing Pressure (Shut-in)  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 beat of my knowledge and belief.  Signature Crissa Carter Printed Name 1/4/93  (505) 748-1288  Title SUPERVISOR, DISTRICT IF	Date First New Oil Roll To Tame	Date of Tes				(a) 6 P	osled	ID-3	
Actual Prod. During Test  Oil - Bbls.  Oil Condensate  Oil Condensate  Oil Condensate  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.  Oil Conservation  Date Approved  JAN 1 2 1993  By Original Signed By  Mike Williams  Title Supervisor. District if	Length of Test	Tubing Pressure		Casing Pressure					
Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  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  Crissa Carter Production Clerk Printed Name 1/4/93 (505) 748-1288  Title SUPERVISOR, DISTRICT 19	Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas-MCF Ghg Op			
Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  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  Crissa Carter Production Clerk Printed Name 1/4/93 (505) 748-1288  Title SUPERVISOR, DISTRICT 19	CAS WELL								
Testing Method (pitot, 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.  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  1/4/93  (505) 748-1288  Title SUPERVISOR, DISTRICT IF		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
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 Crissa Carter Production Clerk Printed Name 1/4/93  Contact  OIL CONSERVATION DIVISION  Date Approved  JAN 1 2 1993  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT 19				Cooling Dracetor (Chut in)		Choke Size			
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.  Date Approved  JAN 1 2 1993  By ORIGINAL SIGNED BY MIKE WILLIAMS  Printed Name  1/4/93  (505) 748-1288  Title SUPERVISOR, DISTRICT IF	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Freesure (Situt-iii)					
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.  Date Approved  JAN 1 2 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  1/4/93  (505) 748-1288  Title SUPERVISOR, DISTRICT IF	VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	OIL CON	SERV	ATION D	IVISION	Į	
Signature Crissa Carter Production Clerk Printed Name 1/4/93  Control  Date Approved  Date Approved  Signature ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF	I hereby certify that the rules and regulations of the Oil Conservation								
Signature Crissa Carter Production Clerk Printed Name 1/4/93  Contact  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF	is true and complete to the best of my k	Date Approved JAN 1 2 1993							
Signature Crissa Carter Printed Name 1/4/93 Signature Printed Name 1/4/93 Printed Name 1/4/93 Supervisor, District if	^	<b>`</b>		Date Apploved					
Signature Crissa Carter Production Clerk Printed Name 1/4/93 (505) 748-1288  MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF	Cuisa - D. C	By	IAI CICE	IEU BA					
Printed Name         Title         Title         SUPERVISOR, DISTRICT IF           1/4/93         (505) 748-1288	Signature	II I ON BUILDING OF THE TOTAL THE TO							
1/4/93 (505) 748-1288		rioduction		Title Super	WISOR. F	DISTRICT IT			
				1100					

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.