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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artena, NM 88210		_		Box 2088			ole.			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOUE			Mexico 875						
I.	HEQUE	SIFO	H ALLOWA	ABLE AND	AUTHOF	PIZATION	1			
Operator	TO TRANSPORT OIL AND NATURAL GAS									
Vintage Drilling Co	0./					We	II API No.			
Address										
P.O. Box 158, Loc	co Hills,	NM 88	3255							
Reason(s) for Filing (Check proper box) New Well	•			☐ Oil	her (Please exp	olain)				
Recompletion	Oil		ansporter of:							
Change in Operator	Casinghead G		ondensate							
If change of operator give name				Box 184,	Artesia	a NM s	38210			
and address of previous operator			IC., F.O.	DOX 104,	ALCESIO	a, IVII (
II. DESCRIPTION OF WELL										
El Cheapo	We	ell No. Po ⊇	xol Name, inclu Artesia	ding Formation Queen Gra	yberq		d of Lease	Lease N	Vo.	
Location		<u> </u>	San	Andres		State	e, Beread Chex Pex	LG 27	19	
Unit Letter I	. 2310)		Couth	. 00	90 ,		East		
	- ·	re	et Prom Ine	South Lin	e and	1	Feet From The	Last	Line	
Section 1 Townshi	i p 198	Ra	nge 27E	, NI	МРМ,	Ec	dy	Cr	ounty	
III. DESIGNATION OF TRAN	JSPODTED (DE OIL	A NID NI A COT	IDAL GAG						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Navajo Refining & Cru		P.O. Drawer 159, Artesia, NM 88210								
Name of Authorized Transporter of Casing	ghead Gas	or	Dry Gas	Address (Giv	e address to w	hich approve	d copy of this form is to be sent)			
If well produces oil or liquids,	IThis I C.	122								
give location of tanks.	Unit Sec.		/p. Rge 9S 27E	. Is gas actually	y connected?	Whe	n ?			
If this production is commingled with that	from any other le			ling order numb	Yer -			* · · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA	•		, 6				· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X)	l Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v Diff	Res'v	
Date Spudded	Date Compl. Re	adv to Pm	<u> </u>	Total Depth		<u> </u>	<u> </u>	i		
•	rous Deput			P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Tables Schul			
1 Cito mions					4		Depth Casing Sh	oe .		
	TIIR	NG CA	SINC AND	CE) (E) EE	IC PECCE				····	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET						
	Shortd & Found Size			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALL	OWARI	F	l		•				
OIL WELL (Test must be after re				be equal to or a	exceed top allo	umble for thi	e domin on he can C	# 34 E		
Date First New Oil Run To Tank	Date of Test			Producing Met	hod (Flow, pu	mp, gas lift, e	elc.)	ii 24 nours.)		
Locate of Total								erted II	୬. ଚ	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size Playled J.L. 3		
Actual Prod. During Test	al Prod. During Test Oil - Bbls.						Gas- MCF GAB OP			
	On - Dois.			Water - Bbis.			Gas- MCF 0	rg OF		
GAS WELL					·					
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensa	ILE/MMCF		Gravity of Conde			
				Doise Concentration			Gravity of Coude	Out by Or Coalcellance		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
W 0777 1707								4		
L OPERATOR CERTIFICA	TE OF CO	MPLIA	NCE		II CON	000	17101151			
I hereby certify that the rules and regulate Division have been complied with and th	ions of the Oil Co	onservation		U	IL CON	SEHVA	ATION DIV	ISION		
is true and complete to the best of my kn	owledge and beli	ef.	· ¥ €	D			APR 9 199	11		
7 7 1				Date /	Approved	1	APR 9 199	71		
- Cl Harl	D.	00.0		and the statement						
Signature C.E. Hope	By ORIGINAL SIGNED BY									
Printed Name /	MIKE WILLIAMS Title SUPERVISOR, DISTRICT IT									
M/Z/9/		748-294		Title_	CCT GIVE	JUIS, DI	JIMOL II			
		Telephone	No.							

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.