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Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	Energy, Minerals and Nat OIL CONSERVA	ew Mexico nural Resources Department ATION DIVISION	AK 2 9 1993 at Bottom of Page	ST
P.O. Drawer DD, Artesia, NM 88210		ox 2088 exico 87504-2088	STAR SPRE	1
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZAT AND NATURAL GAS	ION	
Operator Stote Oil and Can	/		Well API No. 30-015-26006	
Siete Oil and Gas				
P.O. Box 2523, Ros Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	X Other (Please explain) previous well	name-Renegade Fed. #3	
f change of operator give name address of previous operator	3			
I. DESCRIPTION OF WELL Lease Name Parkway Delaware U	Well No. Pool Name, Include	ing Formation ay Delaware	Kind of Lease Lease No. State, Federal or Fee NM-24160	
Location Unit LetterE	_;	North Line and 760	Fast Emm The West Line	
Section 35 Townshi		9E , NMPM,		
ta, Miter			Eddy County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU		proved copy of this form is to be sent)	
Name of Authorized Transporter of Casing $\beta \rho$	ghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
If well produces oil or liquids, rive location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When?	
f this production is commingled with that :	from any other lease or pool, give comming	ling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v	
Designate Type of Completion Date Spudded	(X) Date Compl. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
erforations			Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
na data da s			Pert ID-3	
ne danse in te	· · · · · · · · · · · · · · · · · · ·		3-26-93 che well name	
, TEST DATA AND REQUES			2	
DIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump, ga		
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL	I		· · · · ·	
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t	ations of the Oil Conservation	OIL CONSE	RVATION DIVISION	
is true and complete to the best of my k		Date Approved	MAR 2 2 1993	
Cathy Bat	ley-Seely	ByORIG	INAL SIGNED BY	
Signature Cathy Batley-Seely			ERVISOR, DISTRICT II	
Printed Name 3/18/93	622-2202	Title		
Date	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.

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All sections of this form must be filled out for allowable on new and recompleted wells. 2)

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.