Submit 5 Copies			State of No	• • • • •			Furm C-104 CISE			
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Nat			·			Revised 1-1-89 See Instructions RECULTED at Bottom of Page			
DISTRICT II P.O. Drawer DD, Antesis, NM \$5210	(OIL CO	DNSERVA P.O. Bo		DIVISIO				V	
DISTRICT III		San	ta Fe, New Me		04-2088		MAY - 6			
1000 Rio Brazos Rd., Aztec, NM 87410			R ALLOWAE				O. C. C ARTESIA, O			
I. Operator		OTRAN	NSPORT OIL	AND NA	TURAL GA	Well A	PI No.		- <u></u> }	
WOODBINE PETROLEUM,	INC.			<u></u>			30-015-26	604		
1445 ROSS AVENUE, SU	ITE 366	O, DALL	AS TX 75	202		7.1				
Reason(s) for Filing (Check proper box) New Well	ſ		urandourst ol:		et (Please expla	un)				
Recompletion	Oil Casinghead	· · · · · ·	Dry Gan L							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL		100 01 0100 0000 0000 000							1	
Lease Name HADSON FEDERAL			Bool Name, Including				x Leaso Federal or Fee	NM 23	anc No. 3002	
Location	. 165	0		c	2180	_		T		
Unit Letter J	- •	<u> </u>	set From The		· ····		et From The	<u> </u>	Line	
Section 11 Townshi	<u>195</u>	F	tange <u>31E</u>	<u>, N</u>	MPM, ED	DY			County	
III. DESIGNATION OF TRAN Name of Authonized Transporter of Oil		OF OIL or Condensa			e address to wh	ich approved	copy of this for	n is to be ser	al)	
TEXAS-NEW MEXICO PIF			or Dry Gas	P.O. B	<u>)X 2528</u>	HOBBS I	M 88241	-2528		
					e address to wh		copy of this jor	H 18 10 De se	<i>u)</i>	
If well produces oil of liquida, give location of tanks.	Unit !	Sec. 11	wp. Rgs. 19S 31E	Is gas actually connected? When 7 NA			7			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or po	ol, give commingli	ng order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Doopen	Piug Back S	ame Ros'v	Diff Res'v	
Date Spudded	Date Compl	Ready to P	rod.	Total Depth	l		P.B.T.D.	·····	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Ol/Cas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
		IBNC C	ASING AND	CEMENT	NC PECON	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CENIENTI	DEPTH SET	J	SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after ro				······			L			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	ai voiume of	loga oli ana musi	Producing M	exceed top allow whod (Flow, pur	mable for this np, gas lift, ei	depih or be for (c.)	full 24 hour	5.)	
Langth of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls,			Water - Bbls			Gas- MCF			
								<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length of Te	G .		Bbis. Conden	mic/MMCF		Gravity of Co	dancus	· · ·	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			•			Choke Size			
				Casing Pressure (Shui-Ip)			Choke Size			
VI. OPERATOR CERTIFIC, I hereby certify that the rules and regula				(SERVA		IVISIO	N	
Division have been complied with and that the information given above is truy and complied to the best of my knowledge and belief				OIL CONSERVATION DIVISION						
Multin K		an l		Date	Approvec	I!				
Signature CHRISTINE LIVENGOOD VICE PRESIDENT				ByORIGINAL SIGNED BY						
Printed Name Title				MIKE WILLIAMS TitleSUPERVISOR, DISTRICT I						
MAY 1, 1991 Date	214	1/855-62 Teleph	263 ons No.	1.00	<u> </u>		N. CIUINI			
ويستعديني والمستعدين والمستعدين والمتحافظ التكري		-		L					······	

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.

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.