Submit 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 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

HIL 29 1993

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

. C. L. D.

I.						AUTHORIZ			rac ki		
Operator	10	HA	NSPO	JH1 OIL	AND NAT	UHAL GA		API No.			
•			i	0-015-27503							
SPENCE ENERGY Address 4849 Greenvill			30	1	Dh 21/	4-739-0		0-015-2	.7503		
Dallas, Texas		שנכ		<b>-</b>	F11. Z1.	4-733-0	027				
Reason(s) for Filing (Check proper box)					X Othe	r (Please expla	in)				
New Well	Change in Transporter of:				Request to Transport Test Oil						
Recompletion	Oil Dry Gas				(Estimated 48 barrels of Oil)						
Change in Operator	Casinghead G	as 🗌	Conden	sate 🗌	(Estin	mated 4	8 barr	els of	Oil)		
If change of operator give name and address of previous operator											
• •								<del></del>			
II. DESCRIPTION OF WELL								****		·	
Lease Name	Well No. Pool Name, Including							of Lease No.			
Unocal Federal Location	23	1	Nor	tn Hac	ckberry	- Yate	S State,	Federal or Fee	NM-4	350	
Unit Letter K	_:1650	) <b>'</b>	Feet Fr	om The	South Line	and230	5' Fe	et From The _	West	Line	
Section 23 Township 19S Range 30E NMPM, Eddy County /Local Repr Henry Vela										County	
III. DESIGNATION OF TRAN	CDUDTED .	OE OI	T ANI	D MATERIA	DAT CAC	/ Local	Repr.	- Henry	vela	7 14	
Name of Authorized Transporter of Oil		Condens	Li Alla	DIVATU	Address (Giw	e address to wh	-4023	LOVING	ton, N	1 . M .	
Pride Pipeline Cor	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 2436, Abilene, TX 79604										
Name of Authorized Transporter of Casing	Gas 🗍	Address (Give	address to wh	ich approved	conv of this fo	rm is to be se	m()				
Purchaser Pending		X	•					ا در رود رود	2 20 00 30	· <del>-</del> /	
If well produces oil or liquids,	Unit Se	c.	Twp.		Is gas actually	connected?	When	?			
give location of tanks.		23		[30E	No	····	] Ab	out 30	Days		
If this production is commingled with that IV. COMPLETION DATA			ool, giv	e commingl	ing order numb	жег:	None				
Designate Type of Completion	- (X)	Oil Well X	j	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. R	-		_	Total Depth		•	P.B.T.D.			
June 22, 1993	July 25, 1993				1999'			1962'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3286.4 GR Yates					173	6'		1700'			
1736'-40', 1752'-96', 1810'-24', 18					68'-88'			Depth Casing Shoe			
						IC DECOR		1997'			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE						D	C10//0 05/15/17			
17-1/2"	13-3/8"				DEPTH SET			SACKS CEMENT 520 sx (Circulated)			
12-1/4"	<del></del>	8-5/8"				1706'			450 sx (Circulated)		
7-7/8"	5-1/	5-1/2"				1997'			100 sx		
V TEROTO DA MAIA AND TO THE	Dom is m								(Back to 8-5/8")		
V. TEST DATA AND REQUES OIL WELL Test must be after to	T FOR ALI	LOWA	BLE	•						<del></del>	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total	volume o	of load a	oil and musi	be equal to or	exceed top allo	wable for thi	s depth or be fo	or full 24 hou	rs.)	
July 25, 1993	Date of Test	~ 1 m	~ <del>~ +</del> ·	D a w alders	Producing Me	thod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Potential Test Pendim Tubing Pressure				<del></del>	Flow		100	Chale Sin		
	Tuoing Treasure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	t Oil - Bbls.				Water - Bbls.	<del></del>		Gas- MCF			
					Water - Dola			Gas- MCF			
GAS WELL				··- · · · · · · · · · · · · · · · · · ·	l	·	·	_L		······································	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens			T			
	Longui of 10st				Bois. Condens	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					Condition (Condition)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF C	OMPI	TAN	CE				<u> </u>	<del></del> -		
I hereby certify that the rules and regula	ations of the Oil	Conserv	ation		∥ c	IL CON	SFRV	ATION F	אואופור	M	
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved			JUL 2 9 1993			
_ Surry It c	Loug				Date						
Signature					By	(	DRIGINAL	SIGNED	BY		
JERRY W. LONG, Permit Agent						F	MIKE MIL	LIAMS			
Title					TitleSUPERVISOR, DISTRICT If.						
Date 1993			hone No							<del></del>	
		أعيدا		··							
INSTRUCTIONS: This form											

IONS: 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
- 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 rool in multiply completed wells