NO. OF COPIDS RECEIVED		4	
DISTRIBUTIO	N		
SANTA FE			
FILE		. !	-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	$\overline{L}$	$[\_]$
INANSFURIER	GAS		
OPERATOR			
		_	_

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.		AUTHORIZATION TO TRAN	isparti oil knodna	TURAL GA	S	
LAND OFFICE		RE	<b>L.</b>			
TRANSPORTER GAS		<u> </u>	1973	(51)		
OPERATOR	┝┷┼		•			
PRORATION OFFICE Operator			<del></del>	<del></del>		
Gle Address	n Pl	emens Brilling Co., Inc. 4	ETESH S TONE		· · · · · · · · · · · · · · · · · · ·	······································
	17 _	73rd. St. Lubbook, Texas 7	91:12		• .	
Reason(s) for filing (Check s	roper b	ox)	Other (Please ex	plain)	e m ga e	
New We!l		Change in Transporter of:		• •	• 4-	
Recompletion Change in Ownership		Oil Dry Gas Casinghead Gas Condens	F1	iron ser	mian Corp.	
If change of ownership givened and address of previous over						
DESCRIPTION OF WEL	L AN	D LEASE			. San	Legge No
Lease Name		Well-No. Pool Name, Including For		ind of Lease	or Fee State	
Featherstone State	:е	1 Millmen Grayb	urg lo		State	1871
Unit Letter O	-	660 Feet From The South Line			e Fast	
Line of Section 18		Township 19S Range	26 <u>B</u> , NMPM,	DI4.	ldy	County
DESIGNATION OF TRA	INSPC	OIL AND NATURAL GA	Address (Give address to	which approve	ed copy of this form is	o be sent)
Navajo Crude oil		_	P. 0. Drawer 17	5. Artes	sia, New Mexic	o 88210
Name of Authorized Transpo	orter of	Casinghead Gas or Dry Gas	Address (Give address to	which approve	ed copy of this form is	io be sent)
If well produces oil or liquid give location of tanks.	ds,	Unit Sec. Twp. Rge.	is gas actually connected NO	7 When	n	
If this production is comm	ingled	with that from any other lease or pool,	give commingling order n	umber:		- tolk
COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	e'v. Diff. Res
Designate Type of C	Comple	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT,	GR esc	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Shoe	
Periorditions		THRING CASING AND	CEMENTING RECORD			
1101 7 6177		CASING & TUBING SIZE	DEPTH SET		SACKS CE	MENT
HOLE SIZE		CROING & FOUNT OFFE				
. TEST DATA AND REC	QUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volum pth or be for full 24 hours)	e of load oil	and must be equal to or	exceed top al
OIL WELL Date First New Oil Run To	Tanks		Producing Method (Flow,	pump, gas lif	i, etc.)	
Length of Test		Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test		Oil - Bbls.	Water-Bbls.		Gas - MCF	
CAR WELL						
Actual Prod. Test-MCF/D	,	Length of Test	Bbls. Condensate/MMCF	,	Gravity of Condenies	le Marka Sera as
Testing Method (pitot, bac	k pr.)	Tubing Pressure (Shmt-in)	Cosing Pressure (Shet-	is)	Choke Size	
. CERTIFICATE OF CO	)MPL	IANCE		ONSERVA	TION COMMISSI	5N.7-
I hereby certify that the	rules :	and regulations of the Oil Conservation	APPROVED			
		ed with and that the information given to the best of my knowledge and belief.	BY Wald	A 1112 PM	SSECTOR	3.5%。1.0.1%。 <u>1.0.1%。</u> (1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1 (1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1%。1.0.1
			TITLE AIL AND			
Sho	Pi		This form is to	be filled in	compliance with RU wable for a newly dri	LE 1104. Lied or deeps

Ston Planer
(Signature)
U-fria.
(Title)
5-11-91
(Date)

If this is a request for allowants for a newly critical or deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

NO. OF COPIES REC	EIVED	Ī	
DISTRIBUTION	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C+104

FILE	REQUES	ST FOR ALLOWABLE	Supersedes Old C-104 and C-1	
U.S.G.S.	AUTHORIZATION TO T	AND RANSPORT OIL AND NATURAL	Effective 1-1-65	
LAND OFFICE	ACTIONIZATION TO I	NAME OF THE AND NATURAL	GAS	
TRANSPORTER OIL GAS		•		
OPERATOR				
PRORATION OFFICE				
Operator		net the fact	and the second	
Address		ness Brilling Co., Inc.		
Reason(s) for filing (Check pro	oper box)	Other (Please explain)	I - 1005	
	Change in Transporter of:	Gas 🗔 🖀	•	
Change in Ownership		densate		
If change of ownership give and address of previous own	name er			
I. DESCRIPTION OF WELL	AND LEASE   Well No.   Pool Name, Including			
State MTh.	Well-No. Pool Name, Including		Lease No.	
Location		Sate, Federo	Testher stone state	
Unit Letter	Feet From The	Line and Feet Fr	åne	
Line of Section	TANKINSHIP ROLL ROLL ROLL ROLL ROLL ROLL ROLL ROL	<b></b>	<b>N</b>	
	Rate	, NM	County	
Name of Authorized Transporter	SPORTER OF OIL AND NATURAL (			
Mary Marian 20210	P. O. Brune 175, Artesia	Address (Give address to which pero		
Name of Authorized Transporter	r of Casinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en	
<del></del>	led with that from any other lease or pool	EES OF RE O	<u> </u>	
COMPLETION DATA		i, give comminging order number:	<u> </u>	
Designate Type of Com	opletion — (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		1000	F.B.1.U.	
Elevations (DF, RKB, RT, GR,	etc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
			Depth Cusing Snoe	
	TUBING, CASING, AN	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUE: OIL WELL		after recovery of total volume of load oil a depth or be for full 24 hours)	and must be equal to or exceed top allow	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas life	t, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF	
CAC WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Services Constitution Names	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPL	IANCE	011 00110551111	TION COMMISSION	
		en		
I hereby certify that the rules	and regulations of the Oil Conservation			
Commission have been complabove is true and complete t	ied with and that the information given o the best of my knowledge and belief.			
-				
		TITLE	4	
		This form is to be filed in co	· ·	
<del></del>	(Signature)	If this is a request for allowe well, this form must be accompanied	ble for a newly drilled or deepened ied by a tabulation of the deviation	
(Title)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	/	11	be filed for each pool in multiply	
			•	