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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

## State of New Mexico F 3y, Minerals and Natural Resources Departme

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions RECEIVED NOV 2 4 1992 at Bottom of Page

O. C. D.

TRICT III			, 140W 1			ITHORIZ	ATION				
REQUEST FOR ALLOWABLE AND AUTHORIST TO TRANSPORT OIL AND NATURAL GA							S				
BRUCE P. RIGGS							Well Art Inc.				
40. Box 322 c	ARLSB	AD N	W 8	3826	21-032	(Please explain	ı)				
ason(s) for Filing (Check proper box)	C	hange in Tran	sporter of:	_	RET	OT NAC	BENE FI	CIAN US	E		
w Well Conspletion	Oil	☐ Dry	Gas _	]	PER	Order	No. R	-9210			
nange in Operator	Casinghead	Gas Con	densate	<u></u>							
change of operator give name  d address of previous operator											
DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Includin					a Formation Kind of						
ease Name EXXON STATE	\	Meli No.   Pod	n Name, mic NAGRU	) <b>O</b> E	R YAT	es_	State, F	ederal or Fee	.S867 O	6-1416	
ocation						16.50		t From The	Qast	Line	
Unit Letter	: 1650	Fee	t From The	50 V	Line :	and 1650	Fee	t From the			
Section 15 Townshi	p 21	Ra	nge 2	7_	, NM	PM,	Yagē			County	
II. DESIGNATION OF TRAN	CDADTEE	OF OIL	AND NA'	TUR	AL GAS		·	<del></del>	is to be see		
II. DESIGNATION OF TRANSlame of Authorized Transporter of Oil	SPORTER	or Condensate		- /	•			copy of this for	W IZ 10 DE ZEN		
NAVASO REFINER	<u>Y</u>		Dry Gas	$\dashv$	Address (Give	address to wh	ich approved	copy of this for	m is to be sen	п)	
Name of Authorized Transporter of Casin	ghead Gas	or	-								
I well produces oil or liquids,	10	Sec. Tv	• • • • • • • • • • • • • • • • • • • •	Rge.	Is gas actually	connected?	When	7			
ive location of tanks.  This production is commingled with that	[mm any other			 minglir	ng order numb	er:					
V. COMPLETION DATA	Hom any care				New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas We	115 	New Well	WOLKOVEL	Deepen	[l		<u>L</u>	
Date Spudded	Date Comp	I. Ready to Pi	od.		Total Depth			P.B.T.D.			
•	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Trustic of 1								Depth Casing Shoe		
Perforations											
	7	TUBING, CASING AND				CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET						
	_										
V. TEST DATA AND REQU	FST FOR	ALLOWA	BLE		1				6 6.11.24 ho		
V. TEST DATA AND REQUIDED IN THE COLUMN TEST DATA AND REQUIDED TO THE COLUMN TEST DATA AND RESERVED TO THE COLUMN TEST DATA AND RESERVED TEST	r recovery of 1	otal volume oj	f load oil an	d musi	be equal to or	r exceed top al lethod (Flow, p	llowable for II	etc.)	jor juli 24 no	шз.,	
Date First New Oil Run To Tank	Date of To	est			Producing iv	iculod (1 10%)	, , , , , ,				
Length of Test	Tubing Pr	Tubing Pressure			Casing Press	sure		Choke Size			
					Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls	<b>i.</b>									
GAS WELL	<u>-                                 </u>							Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length o	Length of Test  Tubing Pressure (Shut-in)				Bbls. Condensate/MMCF  Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing P										
					-\ <sub>[</sub>						
VI. OPERATOR CERTIF	ICATE O	F COMP	LIANCI	E		OIL CC	NSER'	VATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					Date Approved				NOV 2 5 1992		
Division have been complied with and that the information gives used is true and complete to the best of my knowledge and belief.											
a P 0.	•						ORIGINA	L SIGNED	BY		
Signature BRUCE P. RIGGS OPERATOR					Ву		4 8 1 1 / E 18/1				
BRUCE P. K	1665	OFER	Title		Titl	Α	SUPERV	ISOR, DIS	IRICIII		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505) 887-

Printed Name

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NOV 1992

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

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Telephone No.

- 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 pool in multiply completed wells.