Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico argy, Minerals and Natural Resources D					Form C-104 Revised 1-1-89 See Instructions at Bottom of Page W			
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088					the track I			
DISTRICT III IVAN RIG LIZZAGE Rd., Azec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS									
Del TAYLOr					Well A	PINO.	1119	2	
Address 1403 W EDWARD CArlsbad, N.M. 88220									
New Well Change in Transporter of:									
Change in Operator X Casinghead Gas Condensate									
If change of operator give name Bruce P. Rigos P.O. Box 322 CARISHAD. R.M. 88221									
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including Formation				Kind of Lease Lease No. State, Federal or Fee $N = 9426$				
Exxon STAte	2/	<u>nagrud</u>		071		STACE_	VG-e	720	
Unit Letter	1	t From The	Line and _			t From The 🚣	Ē	Line	
Section 15 Township 215 Range 27E, NMPM, EDDY County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil	En		PO. Rox	159	Art	esia D	11.82	1210	
Name of Authorized Transporter of Casingh	horized Transporter of Casifighead Gas or Dry Gas Address (Give address to which upp) of								
If well produces oil or liquids, give location of tanks.		15 27E	s gas actually connected?   When ?					]	
If this production is commingled with that from any other lease or pool, give commingling order number:									
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workd	over	Deepen	Plug Back S	ame Res'v   	WILKERA	
Designate Type of Completion - Date Spudded	(X) Date Compl. Ready to Pro	 xd.	Total Depth		I	P.B.T.D.			
-	Name of Producing Forma	Fop Oil/Gas Pay			Tubing Depth				
Perforations Depth Casing Shoe									
	TUBING, C	TEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBI	DEPTH SET			Post ID-3				
HOLE GIZE					3-26-93				
							the op	<u> </u>	
V. TEST DATA AND REQUES	T FOR ALLOWAR	LE				denth or be fa	r full 24 hours	.)	
OIL WELL (Test must be after re	covery of total rotation of	load oil and must	be equal to or exceed Producing Method (1	low, pump	o, gas lift, e	ic.)			
Date First New Oil Run To Tank	Date of Test				Choke Size				
Length of Test	Tubing Pressure		Casing Pressure			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.						
GAS WELL	.l		Bbis. Condensate/M	MCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D Length of Test			Casing Pressure (Shul-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in								
VI. OPERATOR CERTIFIC	OIL	OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the On Context version			FEB 🚎 3 1993						
Division have been complete with the is true and complete to the best of my	Date Approved								
Del Taylor	By	ByORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF							
Signature CTAYLOR	Title				······································				
Printed Name 1/11/93 502	5- <u>985-1949</u> Telep	hone 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

Date

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 pool in multiply completed wells.