Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departm Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

CB 0 1 1993

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

I	TO TRA	NSPORT OIL	AND NA	I UHAL GA		DI MA			
Operator Del TAYLOR	Well API No.					<u>}/</u>			
Address	WARD C.	arlsbad	N.M.	882 er (Please expla	20		·		
Reason(s) for Filing (Check proper box) New Well		Transporter of:	Oth	er (Please expla	in)				
Recompletion Change in Operator		Dry Gas Condensate							
If change of operator give name and address of previous operator	uce P. Ri	ggs P.	O. Box	322 C	ARISH	74. S. G	n. 886	121	
II. DESCRIPTION OF WELL Lease Name		Pool Name, Includir	no Formation		Kind o	of Lease		ease No.	
Exxon STAte	3 Magruder - Jates				State,	State, Federal or Fee E. 2597			
Location EXXON STATE Unit Letter	: 660	Feet From The	Line	and <u>198</u>	<u>O</u> Fe	et From The	E	Line	
Section 15 Townshi	ip 215	Range $27E$, NI	MPM, E	DDY			County	
III. DESIGNATION OF TRAN			RAL GAS	e address to wh	ich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) NAVATO Refining Co P.O. Box 159 Artesia N.M. 88.							8210		
Name of Authorized Transporter of Casifi	Address (Giv	ddress (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.		trab. I sego: les Bas assumant, seguirantes			When	en?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give comming!	ing order num	ber:					
Designate Type of Completion	Oil Well	Gas Well	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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth				
Perforations	<u> </u>		L			Depth Casir	ng Shoe		
	TUBING,	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
						105 JD-3			
						لغــــا	-26 -7		
						-	che of	<u></u>	
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOWA	ABLE	he equal to o	exceed top allo	owable for thi	is depth or be	for full 24 hos	urs.)	
Date First New Oil Run To Tank	Date of Test	9,000	Producing M	ethod (Flow, pu	mp, gas lift,	elc.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF				
GAS WELL			1			16 : :	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC				OIL CON	ISERV	ATION	DIVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			FEB 3 1993 Date Approved						
Colomba don				• •		IGNED B	Υ :		
Signature Charles Operator			By MIKE WILLIAMS SUPERVISOR, DISTRICT IF						
Printed Name, 1/14/93 503	5-885-1949	Title	Title		700	.,	The same of the sa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	Tele	phone No.	Н						

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.
- 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.