Submit 5 Copies Appropriate District Office DISTRICT 1	Energy, Minerals and Nati	ew Mexico Iral Resources Department	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	P.O. Bo		,
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Me REQUEST FOR ALLOWAE	exico 87504-2088)N
1. Opensor	TO TRANSPORT OIL	AND NATURAL GAS	Vell API No.
TOM SCHNEIDER DBA TOPA	AT OIL CORPORATION	233/2	30-015-04687
505 N. BIG SPRING, STE. Resson(s) for Filing (Check proper box)	204, MIDLAND, TEXAS	79701 Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas Condensate Condensate		
If change of operator give nameA	ARBER OLL INC. (P.O. F	Sox 1658/ CARISBA	D, NM 88221-1658
II. DESCRIPTION OF WELL / Leave Name STATE "A" 15 Location	387 4 BARBER	4750 ng Formation - YATES/7RUKS	Ind of Lease Losse No. Lase, Federal or Fee B-Z386 Feel From The FAST Line
Unit Letter Section 17 Township	20 South Range 30 E	<u> </u>	DDY County
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATUR	Address (Give address to which appr	
Name of Authorized Transporter of Casing		Address (Give address to which appro	oved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.		/hen ?
If this production is commingled with that for IV. COMPLETION DATA	rom any other lease or pool, give commingli		382
Designate Type of Completion -		New Well Workover Deep	en Plug Beck 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 Formation	Top Oil/Ges Pay	Tubing Depth
Perforations	L		Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Pret ID-3
			7-29-94
			che op
V. TEST DATA AND REQUES OIL WELL (Text must be after re	T FOR ALLOWABLE	be equal in or exceed top allowable fo	r this depth or he for full 24 hours.)
Date First New Oil Run To Tank	Date of Teal	Producing Method (Flow, pump, gas	igi, ac.y
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bhis.	Gas- MCF
GAS WELL	J		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bhis. Condensate/MMCP	
Tossing Moshod (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and u is true and complete to the beat of my k	tions of the Oil Conservation that the information given above	Date Approved	
Prived Name <u> Disc</u>	Tile Tile Tile Telephone No.	TitleSUPER 17	SOR. DISTRICTI

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. 13/140

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections J, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Smarate Form C-104 must be filed for each pool in multiply completed wells.