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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

DISTRICT III 1000 Rio Brizzo Rd., Aziec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

OCO RÍO BIRZOS R.C., AZEC, NM. 87410  REQUEST FOR ALLOWABLE AND AUTHORIZATION  TO TRANSPORT OIL AND NATURAL GAS											
Operator				,	23.		Well	1PI No.	1No. 0-015-04695		
TOM SCHNEIDER DBA TOP								<u> </u>	3-0 (	0 ( 4	
505 NORTH BIG SPRING, Resson(s) for Filing (Check proper box)	STE. 2	04, MI	DLANI	), TEXA	S 7970 ☐ <b>O</b>	⊥ her (l'iease expla	in)				
New Well		Change in			<del></del>						
Recompletion	Oil Çasinglie	ed One	Dry Gi Conder	_		1					
I change of operator give name Rosson On The Para Boy 1158 (April 580 A) M 88771-1658											
U. DESCRIPTION OF WELL AND LEASE  4762											
Leage Name	Well No.   Pool Name, Including Formation / Kind of Lease   Lease No.								use No.		
COLLARTER 15	12	3	BARBER - YATES / 7 RURS State, Federal or Pee   LC-029094-C								
Unit Letter 6 : 1650 Feel From The NORTH Line and 2310 Feel From The EAST Line											
Section 20 Township 20 South Range 30 EAST, NMPM, EDIDY County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing	nghead Gas or Dry Ges				Address (Gi	ive address to whi	ich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	le gas actual	lly connected?	When	When ?			
this production is commingled with that from any other lease or pool, give commingling order number: CTB-382											
IV. COMPLETION DATA	<b>(V</b> )	Oil Well	Ţ,	Gen Well	New Well	Workover	Deepen	Plug Beck	Same Res'v	DIST Res'v	
Designate Type of Completion - Date Spudded		pl. Ready M	Prod.	<u> </u>	Total Depth			P.B.T.D.	J		
					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Old 7 = y						
Perforations						Depth Casing Shoc					
	TUBING, CASING AND					CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			4	Part ID-3		
								7-29-94			
								the ap			
V TEST DATA AND REOUES	TFOR	ALLOW	ABLE	, <u> </u>				L			
V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Ten must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Date First New Oil Run To Tank	Date of Test				Producing Medica (Flow, party), 4-2 1411						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bhis.			Gas- MCF			
GAS WELL	J.,, <u>,,,,,,,,,</u>							123	Van dagasta		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCP			Gravity of Condensate			
Testing Method (piter, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
TO ODED ATOD CEDTIEIC	ATE O	F COME	TIAN	NCE	<u>ار</u>			A TION	DIVICIO	\ <b>N</b> !	
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 horeby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved 2 3 1994						
Em El						3 8112	ERVIRA	أجيرونه فلأ	nor II		
Signature Tom Schneider - Presipent					By_			•			
Printed Name Title (915) 682 46340						)				<u> </u>	
Date		Tel	ephone N	₹(),							

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

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. narate Form C-104 must be filed for each pool in multiply completed wells.