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

State of New Mexicoergy, Minerals and Natural Resources Departm.

Form C-104 Revised 1-1-89

See Instructions at Bottom of Page RECEIVED

<u>DISTRICT II</u>

↑ O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 2 2 1991

OU RIO DIZZOS REL, AZZEL, MINE 67410	REQUEST FOR TO TRAN	R ALLOWABI SPORT OIL			S	ARTESIA	C. D. A. OFFICE	-	
perator BHP PETROLEUM (A	AMERICAS) INC.				Well Al	Pl No.			
idress		OMORON TE							
5847 SAN FELIPE.	, SUITE 3600, H	JUSTON, TE		Please expla	in)				
w Well	Change in Tr	ansporter of:			·				
completion		ту Сав 📃		I	NTRACOMP	ANY NAM	E CHANGE	ONLY	
ange in Operator hange of operator give name	Casinghead Gas C	ondensate							
address of previous operator	BHP PETROLEUM C	OMPANY INC	., 5847 S	AN FEL	IPE, SUI	TE 3600	, HOUSTO	N, TX 77	
DESCRIPTION OF WELL	AND LEASE								
case Name CERF FEDERAL CO	COM Well No. Pool Name, Includir ALACRAN		IITITO TIOT DOLLARD			Lease Lease No. NM 14768			
Ocation Unit LetterC	:660 F	leet From The $\frac{N}{N}$	Line as	GAS 1980) Fee	et From The	W	Line	
Section 10 Towns	hin 21S R	tange 27E	. NMP	m EI	DDY			County	
Section 10 with	p	<u></u>	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·				County	
I. DESIGNATION OF TRA			RAL GAS	SÇU	RLOCK PERI	MIAN CORP	EFF 9-1-91		
THE PERMIAN CORPORATION			Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183 HOUSTON, TX 77001					nt)	
lame of Authorized Transporter of Cas		or Dry Gas X	Address (Give a					ent)	
TRANSWESTERN P	IPELINE COMPANY		BOX 1188						
f well produces oil or liquids, we location of tanks.		Nwp. Rge. 21S 21E	Is gas actually of YES	onnected?	When	?			
this production is commingled with th				-	1		·		
V. COMPLETION DATA	at from any other lease of po	or, give continuing	ing order number	•	· · · · · · · · · · · · · · · · · · ·		***************************************		
Designate Type of Completion	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
)ate Spudded	Date Compl. Ready to I	Prod.	Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
Perforations Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe			
	TUBING,	CASING AND	CEMENTIN	G RECOR	₹D				
HOLE SIZE	CASING & TU	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
									
					·				
V. TEST DATA AND REQU				4.			6 6 11 24 1-		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	of load oil and mus	Producing Met				for full 24 ho	<u>urs.)</u>	
Date First New Oil Rule 10 Tank	Date of Test			(, -		,	Dost	NID.	
Length of Test	Tubing Pressure		Casing Pressur	2		Choke Siz	7	- 26-91 a OP	
T. T.	03. 511	au nu		Water - Bbls.					
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.		Water - Dolo.			E his	a op	
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Siz	e.e		
VI. OPERATOR CERTIF	TCATE OF COMP	LIANCE			NOEDV	(A TION	- DIVICE	ON I	
I hereby certify that the rules and r	egulations of the Oil Conser	vation			NOEHV		DIVISI		
Division have been complied with is true and complete to the best of	and that the information give my knowledge and belief.	en above	D-4-	A	1	JUL	2 3 199	7	
5 11 (Date	Approv	ea				
nov 20			Di.	On	CIALA				
Signature SCOTT SANDERS DRILLING/OPERATIONS EX				By ORIGINAL SIGNED BY : MIKE WILLIAMS					
Printed Name JULY 12, 199		Title	Title		ERVISOR,	B 1			
							1 17		
Date	1 616	ephone 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 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.