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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 Instructions

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

DISTRICT III

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AK - 9 1993

1000 Rio Brazos Rd., Azzec, NM 874:	10 REC				ABLE AND		RIZATION	o. C. D. Die ser	<b>,</b>		
Operator			/	<u> </u>				API No.	<del></del>	C 1 =	
Rowland Truckin	g Co.,	Inc.	·				13	<u>0-010</u>	1-21	142	
	Hobbs, I	NM 882	241								
Reason(s) for Filing (Check proper box		1111 002			Ot	her (Please exp	slain)				
New Well		Change i			<u> </u>	•	•			*	
Recompletion  Change in Operator	Oil Corinelu	 4 <i>G</i> [	Dry G							•	
If change of operator give name	Casingh		Conde				· · · · · · · · · · · · · · · · · · ·				
and address of previous operator <u>U</u>	nichem 1	Interna	ition	al Inc	. P.O.	<u>Box 1499</u>	<u> Hobbs</u>	<u>. NM 882</u>	40		
L DESCRIPTION OF WELL AND LEASE											
Lease Name City of Carlsbac	Well Ive.   Tool Palite, Inch							of Lease Lease No.			
Location	<u> </u>	1	<u> </u>	Salt			State	· Rederal profes	. <u>  M</u>	19264	
Unit Letter H	:24	120	Feet F	rom The N	orth ii	se and330		eet From The _	East	T to	
SE/4 NE/4 Section 36 Town	20.0			_		- 200 <u>- 000</u>	F	ectriom the _	Lust	Line	
Section 35 Town	ship ∠∠ S	South	Range	26	East , <b>N</b>	MPM,			Eddy	County	
III. DESIGNATION OF TRA	NSPORTI	ER OF O	IL AN	ID NAT	URAL GAS						
Name of Authorized Transporter of Oil		or Conde	nsate			ve address to w	hich approve	d copy of this fo	rm is to be s	ent)	
Name of Authorized Transporter of Casinghead Gas or Dry G											
value of Audionized Fransporter of Cas	anghead Gas		or Dry Gas		Address (Give address to which ap			proved copy of this form is to be sent)			
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge	. Is gas actuali	y connected?	When	1 ?			
ive location of tanks.		Ĺ	<u> </u>	İ		•		• • 			
this production is commingled with the V. COMPLETION DATA	at from any oti	her lease or	pool, giv	ve commin	gling order num	ber:					
		Oil Well	<del>-</del>	Gas Well	New Well	Workover	Deepen	Disco De de la	D	born i	
Designate Type of Completion	n - (X)		i	045 ((6)	11000 11001	WOLKOVE	Deepea	Plug Back	Same Kes v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.		<b></b>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
(20) 1222   112   1	rounding re	xucing romation			Top On Oas Pay			Tubing Depth			
erforations	<del></del>				I			Depth Casing Shoe			
					·- <u>-</u>						
HOLE SIZE		SING & TU			CEMENTI		D	1			
	- OA	JII 3 1 1 0	DING	PILE_	DEPTH SET			SACKS CEMENT			
								·		<del></del>	
. TEST DATA AND REQUE	ST FOR A	LLOWA	RLE	<del></del>				<u> </u>			
IL WELL (Test must be after				il and mus	t be equal to or	exceed top allo	wable for this	depth or be for	full 24 hour	æ.)	
ate First New Oil Run To Tank	Date of Tes	st			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)		- 7	
ength of Test	Tubing Day				Carina Dans			Chaha Cia			
Tubing Pressure				Casing Pressure			Choke Size				
and Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
					<u></u>						
GAS WELL									-		
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ate/MMCF		Gravity of Cos	densate		
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	(with III)										
I. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE				l			
I hereby certify that the rules and regul	lations of the (	Dil Conserva	ation	- <del></del>		IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 2 1 1993						
/ A		2			Date .	Approved	d	INU! N T			
1 Sto-Car	Cho				_	Ωι	RIGINAL 4	SIGNED			
Signature Signature 3/12/93 Printed Name Title					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name	- //	7/	ride	2	Title_	SL	PERVISO	DR, DISTRI	CT II		
Date STEEL	505.	-397-		9			<del></del>				
Jan.		Teleph	none No.		H						

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.
- 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.