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

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

MOT - 5 1992 Santa Fe, New Mexico 87504-2088 C, C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION

·.	, TO	TRANS	PORT OIL	AND NAT	URAL G					
Operator	Well A			API No.						
Dakota Resources, In	c. /					30-	015 - 3482	.4		
Address	M: 33 - 3 - 7	Foxos 3	70.701							
310 W. Wall, Ste 814 Reason(s) for Filing (Check proper box		rexas /	77(7)	X Othe	r (Please expl	ain)				
New Well		nge in Trans	sporter of:				∞ Dienoe	. o 1		
Recompletion	Oil	Dry	Gas	ZOO BDI	. LEOU Sa	all wate	r Dispos	al		
Change in Operator	Casinghead Gas	s Con	densate							
f change of operator give name and address of previous operator										
•	LANDIEACE	•								
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including					.6			of Lease No.		
ig Eddy Federal 100					State,			Federal or Fee		
Location				_	1.0	0		T 7		
Unit LetterL	:229 <u>1</u>	Feet	t From The	SLine	and48.	3 Fe	et From The_	W	Line	
Section 8 Town	iship 21S	Ran	ge 28E	, NN	ирм, Ес	ddy			County	
III. DESIGNATION OF TR	ANSPORTER C	DE OIL. A	AND NATH	RAL GAS						
Name of Authorized Transporter of Oi		Condensate		Address (Give	address 10 w	hich approved	copy of this fo	orm is to be se	nt)	
Navajo Refining		P.O. Bo	x 159,	Artesia,	NM 88210					
Name of Authorized Transporter of Ca	singhead Gas	ghead Gas or Dry Gas			e address to w	hich approved	copy of this form is to be sent)			
If well produces oil or liquids,	Unit S∞	. Twp	p. Rge.	Is gas actually	connected?	When	1?			
If this production is commingled with t	hat from any other le	ase or pool	give comming	ing order numb	······································					
IV. COMPLETION DATA	hat from any other re	ase or poor,	give commingi	ing order name						
		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)				Total Depth			BRTD	L		
Date Spudded	Date Compi. R	Date Compl. Ready to Prod.			Total Depui			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations				J				Depth Casing Shoe		
	TIE	ING CA	SING AND	CEMENTI	NG RECOR	RD				
HOLE SIZE	····	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
TIOLE OILL	9,10									
						· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQU	JEST FOR ALL	OWARI	R							
OIL WELL Test must be af	ier recovery of total	volume of lo	ad oil and must	l be equal to or	exceed sop al	llowable for th	is depth or be	for full 24 hou	urs.)	
OIL WELL Test must be after recovery of total volume of load oil and must be Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
				Casing Pressure			Choke Size	Choke Size		
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate			
	Tuking Dearway (Chad in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Caoing Freedore (once in)						
VI. OPERATOR CERTIF	ICATE OF C	OMPLI	ANCE	1				50464	~	
I hereby certify that the rules and i					OIL CO	NSERV	'ATION	DIVISIO	אכ	
Division have been complied with and that the information given above										
is true and complete to the best of	my knowledge and b	enel.		Date	Approv	ed		13 . 2.7		
x 80000 X	op.						s o poistat.	CHOMED	RY	
Signature				. By_			OBIGINAL SAL MIL	HAMS		
Leah_Raby	V/ E	Product Til	ion Cler	11			SUPERVIS	OR, DIST	RICT II	
Printed Name 10/01/92	(0	וו 915)687		Title					& - approximately	
		Telepho					•			

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.