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

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

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

RECEIVED

Form C-104 Revised 1-1-89 AUG = ? 1993 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

0.1,0.

TO TRANSPORT OIL AND NATURAL GAS   Well AN INC	I)ISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT	ION
Designate Transporter of Casegheed Case   Total Lease No.   Seed of Lease   Casegheed Case   Total No.	1.	TO TRANSPORT OIL	AND NATURAL GAS	
SOLITINES & Walter   Stee   2200	Operator	/		
Change in Ortice (Pieses explain)	Collins & Ware, Inc. /	/		30-015-25395
Cause in Transporter of Change in Openior   Change in	303 W.Wall, Ste. 2200,	Midland, TX 79701		
Decision   Day Ost   Day		G : T	Other (Please explain)	
Categories Operator				
Case Name   Company   Company   Case   Cas			•	
DESCRIPTION OF WELL AND LEASE   Lease No   Mell No.   Not Nume. Including Formation   Made, Redestably, 200   May 56520   Ma	If change of operator give name and address of previous operator	Campico on Constant		
Lease Name   Happy Valley B Fed.   1 Happy Valley Morrow   Name   Political Paymorrow   Name   Political Paymorrow   Name   Na	•	AND LEASE		
The production   The	Lease Name	Well No. Pool Name, Include	ing Formation	Rad of Dead
Unit Letter   K	Happy Valley B Fed.	1 Happy Vall	ey Morrow	NM56520
Section 28   Township 22S   Range 26E   NMPM, Eddy   County	Location Unit Letter K	: 1471 Feel From The S	O. Line and 1908	Feet From The WestLine
Name of Authorized Trasporter of Oil or Condensate Address (Give address to which approved copy of that print of the PDP 124 36, Abit Inen, TX 79604  Name of Authorized Trasporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of that form as to be sent)  If well produces oil or liquids, Unit Sec. Twp. Rge. It agas actually connected? When 7  If well produces oil or liquids, William from any other less or pool, give community of the print of the producing of the print		p 22S Range 26E	, <b>nmpm</b> , Eddy	County
Name of Authorited Trasporter of Oil or Condensate Address [Give address to which approved copy of that Jorn to to the Ref.]  Pride Pipeline Co.  Name of Authorited Trasporter of Casinghead Gas or Dry Gas Address [Give address to which approved copy of this Jorn to to be sent)  If well produces oil or liquids, Unit Sec. Twp. Ree It is gas actually connected? When 7  If well produces oil or liquids, Unit Sec. Twp. Ree It is gas actually connected? When 7  If well produces oil or liquids, White It is greated to committed the produce of the Ree It is gas actually connected? When 7  If well produces oil or liquids, White It is gas actually connected? When 7  If well produces oil or liquids, White It is gas actually connected? When 7  If well produces oil or liquids, White It is gas actually connected? When 7  If well produces oil or liquids, White It is gas actually connected? When 7  When 8  When 7  When 8  When 7  When 7  When 8	TO DESIGNATION OF TRANS	SPORTER OF OU AND NATU	RAL GAS	
Pride Pipeline Co.  Name of Authorized Trassporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form at to be sens)  If well produces oil or liquids,  If well produces oil or liquids,  K 28 1225 126E  If ye gas actually connected?  When ?  we location of commitgled with that from any other lease or pool, give committing order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Dus Spudded  Dase Completion (X)  Dus Spudded  Dase Completion (X)  Dase Spudded  Dase Completion (X)  Name of Producing Formation  Top Oli/Cas Pay  Tubing Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shore  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  If set must be after recovery of itead volume of lead 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  Tubing Pressure  Casing Pressure  Choke Size  Oil - Bibls  Gas- MCF  Oil CONSERVATION DIVISION  Date Approved  All 6 1 1 1993  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT II  Title  Title  SUPERVISOR, DISTRICT II  Title  Title  SUPERVISOR, DISTRICT II  Title	Name of Authorized Transporter of Oil		Address (Give address to which ap	
Summary of Authorized Transporter of Casinghead Gis	,		POB 2436, Abilene,	TX 79604
If well production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease or pool, give comminging order number:  (**This production is communicated with that from any other lease of Producing Producing Producing Producing Producing Producing Producing Producing Producing Method (**Flow, pump, gar ight, est.)*  (**This producing Indicated the producing Producing Method (**Flow, pump, gar ight, est.)*  (**This producing Producing Producing Producing Method (**Flow, pump, gar ight, est.)*  (**This producing Method (**Flow, pump, gar ight, est.)*  (**This producing Producing Producing Producing Method (**Flow, pump, gar ight, est.)*  (**This producing Internation Office Internation Internatio	Name of Authorized Transporter of Casing	ghead Gas or Dry Gas	Address (Give address to which a	oproved copy of this form is to be sent)
Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Date Depth  Depth Casing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Tat 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  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  CASING Test.  Casing Pressure  Choke Size  Oil - Bbis.  Gas WELL  Actual Prod. During Test  Oil - Bbis.  Date Of Test  Babis. Condensate/MMCF  Oravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complicited with and that the information given above is true and complete to the best of my knowledge and belief.  Producing Pressure  OIL CONSERVATION DIVISION  Date Approved  ALIG 11 1993  By OBIGINAL SIGNED BY  MICE WILLIAMS  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II	If well produces oil or liquids, give location of tanks.	1	Is gas actually connected?	When?
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SAGKS GEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test 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 life, etc.)  Choke Size  Actual Prod. During Test  Oil - Bbis.  Water - Bbis.  Gas- MCF  Tating Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  Alig. 11 1993  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  Title  Title  SUPERVISOR, DISTRICT II	If this production is commingled with that f	from any other lease or pool, give comming	ling order number:	
Date Spedded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Test 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  Length of Test  Casing Pressure  Casing Pressure  Choke Size  CASING Pressure  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Title  Supparary  Regulatory Mgr.  Title  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II			New Well   Workover   De	eepen   Plug Back   Same Res'v   Diff Res'v
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE GASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test 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.)  Length of Test Tubing Pressure Casing Pressure Choke Size  Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE Regulatory Mgr.  Signatur Max Guerry Regulatory Mgr.  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II	1		Total Depth	P.B.T.D.
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (It at 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 1½), etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Actual Prod. Test - MCF/D  Length of Test  Water - Bbis.  Gas-MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Ihereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Ihereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Ihereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Ihereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief  VI. OPERATOR CERTIFICATE OF COMPLIANCE  NEW YORLDAMS  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II  TITLE SUPERVISOR, DISTRICT II	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
W. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test 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 Tes  Length of Tes  Actual Prod. During Test Oil - Bbis.  Water - Bbis.  Gas- MCF  Testing Method (pilon, back pr.)  Tubing Pressure (Shut-in)  Testing Method (pilon, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  Alig 1 1 1993  By Original Signed BY  Mike Wallams  Title Supervisor, District ii	Perforations			Depth Casing Shoe
NOTEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Test 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 Tes  Producing Method (Flow, pump, gas lift, etc.)  Length of Tes  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  By Original Signed BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II			CONTROL DECORD	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test 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.)  Length of Test  Actual Prod. During Test  Oil - Bbis.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbis. Condensate/MMCF  Testing Method (plion, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Max Guerry  Regulatory Mgr.  Printed Name  Title  SUPERVISOR, DISTRICT II  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II			CEMENTING RECORD	SACKS CEMENT
OIL WELL  Test 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.)  Length of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Max Guerry  Regulatory Mgr.  Printed Name  7-30-93  915-687-3435  Title  SUPERVISOR, DISTRICT II	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	S. Control Company
OIL WELL  Test 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.)  Length of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (piton, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Max Guerry  Regulatory Mgr.  Printed Name  7-30-93  915-687-3435  Title  SUPERVISOR, DISTRICT II	L			
OIL WELL  Test 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.)  Length of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (piton, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Max Guerry  Regulatory Mgr.  Printed Name  7-30-93  915-687-3435  Title  SUPERVISOR, DISTRICT II	·			
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lyl, etc.)  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Signature  Printed Name  7-30-93  915-687-3435  Printed Name  Title  Title  SUPERVISOR, DISTRICT II	V. TEST DATA AND REQUES	ST FOR ALLOWABLE recovery of total volume of load oil and mus	is be equal to or exceed top allowable	e for this depth or be for full 24 hours.)
Length of Test			Producing Method (Flow, pump, g	gas lift, etc.)
Actual Prod. During Test  Oil - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Ohoke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation 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  ALIG 1 1 1993  By ORIGINAL SIGNED BY  Mike WILLIAMS  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Descripting Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature Max Guerry  Regulatory Mgr.  Printed Name 7-30-93  915-687-3435  Title  Title  Title  Title  SUPERVISOR, DISTRICT II	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
Testing Method (pion, back pr.)   Tubing Pressure (Shut-in)   Casing Pressure (Shut-in)   Choke Size				
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Max Guerry  Regulatory Mgr.  Printed Name  7-30-93  Printed Name  7-30-93  Tubing Pressure (Shut-in)  Onoke Size  OIL CONSERVATION DIVISION  Date Approved  ALIG 1 1 1993  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT II		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature Max Guerry  Regulatory Mgr.  Printed Name 7-30-93				Oraka Sina
I hereby certify that the rules and regulations of the Oil Conservation 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 Alif 1 1993  By ORIGINAL SIGNED BY  Mike Williams  Title  7-30-93  915-687-3435  Title  SUPERVISOR, DISTRICT II	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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 AliG 1 1 1993  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  7-30-93  915-687-3435  Title  Title  SUPERVISOR, DISTRICT II	VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Signature Max Guerry Regulatory Mgr.  Printed Name 7-30-93 P15-687-3435  By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	Division have been complied with and that the information given above		Date ApprovedAUG 1 1 1993	
Signature Max Guerry Regulatory Mgr.  Printed Name 7-30-93 915-687-3435 Title SUPERVISOR, DISTRICT II				
7-30-93 915-687-3435 THE	Signature Regulatory Mgr.		MIKE WILLIAMS	
7 30 73			Title SUPERV	HSOM, DISTRICT II
	7-30-93 Date			

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.