Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NIM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-39 Set Distructions as Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

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Address						^		-			
P. O. Box 2232, Mi	dlan	d , $T \in$	xas	797	702-223	Z Et (Please expla	.i=1				
Reason(s) for Filing (Check proper box) New Well		Change in	Тивеос	rter of:					100	\supset	
Recompletion O		~~	Dry Ga			Effect	we lij	2 hl /	, 199	2	
	asinghos		Condea			, v					
I change of operator give name tad address of previous operator	Eastl	and ()il	compar	лу,Р.О.	Drawer	3488,	Midla	nd, Tx	79702	
IL DESCRIPTION OF WELL AN	D LEA	SE									
Lease Name			Veil No. Pool Name, Includin			g Fonnation Kind			of Lease Lease No. Federal or Fee F e e		
Malaga Unit-Tract	12	2	М	alaga	Delawa	re	State,	regional or rec	ree		
Location	0.0	20		_ \$(outh	e and33() _	. r T	West	Line	
Unit Letter M :	9.	90	Feet Fre	m The	<u> </u>	e and	re	et Promine_		Line	
Section 7 Township	24-5	S	Range	29 - E	, N	мем, Е	ddy			County	
THE DESIGNATION OF THE ASSOCIATION	○₽ -	n 05 01	T A 22.77	D BIANNI	DAT CAC						
III. DESIGNATION OF TRANSPORME OF Authorized Transporter of Oil	OKIE	or Conden		MAI UI	Address (Gin	e address to wi	tich approved	copy of this fo	rm is to be se	nt)	
Injection Well											
Name of Authorized Transporter of Casinghea	d Gas		or Dry	Gas	Address (Gin	e address to wi	tick approved	copy of this fo	rm is to be se	nt)	
If well produces oil or liquids, U	ingit	Sec.	Twp.	l Ree	is gas actuali	v connected?	When	?			
give location of tanks.		30	 144	1		,	"				
If this production is commingled with that from	any oth	er lease or	pool, giv	e comming!	ing order mum	ber:					
IV. COMPLETION DATA		Υ =	——————————————————————————————————————) 	1 	1 5	Plug Back	Cama Back	Diff Res'v	
Designate Type of Completion - (2	K)	Oil Well	- (Gas Well	New Well	Workover	Deepen	Ling pack	Same Kes v		
		l. Ready to	Prod.		Total Depth	1,	<u> </u>	P.B.T.D.	· 		
					T- Old Con Bou						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casin	g Shoe		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENTI			1 -	ACKS CEM	ENT		
HOLE SIZE	CAS	SING & TU	BING	AZE		DEPTH SET		Post ID-3			
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V TECT DATA AND DECLIECT	EOD A	TIOW	DIE						by op		
				ril and must	be equal to o	exceed top all	owable for thi	s depth or be	or full 24 hou	73.)	
OIL WELL (Test must be after recon		tal volume		xil and must	be equal to or Producing M	exceed top all othod (Flow, p	owable for thi ump, gas lift,	s depth or be j	or full 24 hou	rs.)	
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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.

682-6116

- 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.