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

State of New Mexico nergy, Minerals and Natural Resources Depart

Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

OCT 31 '90

at Bottom of Page

DISTRICT III			
1000 Rio Brazos	DA	Artes NM	9741A

C. C. D.

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	$\mathcal{N}_{I}$
	D.P

I							ARTESIA, OFFIC	E	UP		
Operator DACC ENTERDRIC		TO TRANSPORT OIL AND NATURAL GA					Well API No.				
Address		PRODUCTION CO.				30-015-21247					
P.O. BOX 2760, Reason(s) for Filing (Check proper be	MIDLAND, TE	(AS 79	9702-276		/DI	<del></del>	<del></del>				
New Well	•	e in Transp	orter of:	O€	ver (Please expli	ain)					
Recompletion	Oil	Dry G									
Change in Operator	Casinghead (las	Conde	mente								
change of operator give name nd address of previous operator											
L DESCRIPTION OF WEI	II. AND I FACE			<del></del>				<del></del>	<del></del>		
esse Name	W'ell	No. Pool I	Name, Includi	ng Formation		Kind o	Clesso	16	ase No.		
JAMES RANCH UNIT	7		S MEDANO			State	Federal or Fee	NM OZ			
Location	1000										
Unit Letter G	: <u>1980</u>	Foot F	rom The	ORTH Lie	se and	980 F	et From The _E	AST	Line		
Section 6 Tow	nuhip 23S	Range	31E	, N	<b>мрм,</b> EDI	ΟY	·		County		
II. DESIGNATION OF TR Name of Authorized Transporter of O			ND NATU	RAL GAS							
KOCH OIL COMPANY, A	[ A ]	ndensale KOCH I	ND. INC				copy of this form				
Name of Authorized Transporter of C							copy of this form				
EL PASO NATURAL GAS							O. TEXAS				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp	Rge.	la gas actuai	ly connected?	When		<del></del>	<u> </u>		
<del></del>	<u> </u>	1 239		<u>YES</u>		L	JANUARY	1976			
this production is commingled with V. COMPLETION DATA	inat from any other leas	e or pool, g	ive commingl	ing order sun	nber:						
Designate Type of Complete	ion - (X)	Well	Gas Well	New Well	Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Rea	ly to Prod.	• • • • • • • • • • • • • • • • • • • •	Total Depth		<u></u>	P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producis	Name of Producing Formation		Top Oil/Cas Pay			Tubing Depth				
Perforations						Depth Casing Shoe					
							Deput Casing .	SHOE			
UOLE DIE				CEMENT	ING RECOR		·····				
HOLE SIZE	CASING	TUBING	SIZE	DEPTH SET			SACKS CEMENT				
<del></del>			<del></del>				Pert ID-3				
						· · · · · · · · · · · · · · · · · · ·	1 1/	7-20	PER		
							7	H ! ! !	<u> </u>		
V. TEST DATA AND REQUEST OF THE PROPERTY OF TH											
Date First New Oil Run To Tank	fer recovery of total vol	ume oj ioaa	ou and must		r exceed top all lethod (Flow, p			full 24 hour	3.)		
									-		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbis.			Gas- MCF				
GAS WELL	L		· · · · · · · · · · · · · · · · · · ·	I			I	<del></del>			
Actual Prod. Test - MCF/D	Length of Text	<del></del>		Bbls. Conde	asate/MMCF		Gravity of Cor	densale	<del> </del>		
esting Method (pitot, back pr.)	lubing Pressure	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIF			NCE			JSERV		IVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		OIL CONSERVATION DIVISION									
is true and complete to the best of		eľ.		Date	e Approve	nd	NOV '	7 1990	<del></del>		
K.C. Houtchers			By_		ORIGINA	AL SIGNED	BY				
Signature R.C. HOUTCHENS, SENIOR PRODUCTION CLERK			By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF								
Printed Name 10-29-90	(915) 683-22	Title 77		Title	)	SUPERV	ISOR, DIST	KICT IT	<del>-</del>		
Date		Telephone	No.								

INSTRUCTIONS: This form is to be filled 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.