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

State of New Mexico gy, Minerals and Natural Resources Departme ...

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

RECEIVE OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brizos Rd., Aztec	, _{NM 87410} S	EP 21 '(89 1507 5	OD 4			*******						
ſ .			TO TRA	NSP NH A	ORT OI	RLE AND NA	AUTHOR	NZATION 248	1				
O, C, DTO TRANSPORT OIL AND NATURAL GAS Operator Artesia, Office We									II API No.	API No.			
Murchiso Address													
	awrrand C		0	0500									
717 N. H Reason(s) for Filing (Check	proper box	treet,	Sulte	2500	, Lock	Box 86,	<u>Dallas</u> , her (Please exp	Texas	75201				
New Well Change in Transporter of:													
Recompletion]	Oil		Dry G									
Change in Operator X		Casinghea		Conde				_					
f change of operator give mind address of previous oper	nator			imit	ed Pari	tnership	, P. O.	Box 20	09, Amarill	.o, TX	79189		
II. DESCRIPTION (Lease Name	OF WELL	AND LE		12									
Moore Fed Com		Well No.		lame, Includ ite Cit	ng Formation y Penn			Kind of Lease State, Federal or Fee		ease No.			
Location Unit Letter	К	:165	0	Feet F	rom The	South Lir	16.	50	Fee From The	West	Line		
Section 35) Township	, 24	S	Range	26E	, N	МРМ,	Eddy	-		County		
TI DESIGNATION	OF TO AND	cnange	ים מדים	.	(D. 3.1.1 Person						Codiny		
II. DESIGNATION Name of Authorized Transp	orter of Oil	SPORTE	or Conden	IL AN	D NATU	RAL GAS							
Permian Corporation X						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent) P. O. Box 283, Houston, TX 77001					ent)		
f well produces oil or liquids, Unit Sec. Twp. ive location of tanks.					Rge.	Is gas actually connected? When? Yes 2/4/77							
this production is comming V. COMPLETION	gled with that f	l I					_		2/4/				
Designate Type of C		· (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded			ol. Ready to	Prod.		Total Depth]		P.B.T.D.		1		
Elevations (DF, RKB, RT, G	Name of P	roducing Fo	mation		Top Oil/Gas Pay			Tubing Depth	Tuhing Death				
criorations				····				a company					
									Depth Casing .	Shoe			
		r	UBING.	CASI	NG AND	CEMENTI	NG RECO	2D					
HOLE SIZE			SING & TL			CEMENTING RECORD DEPTH SET			942	SACKS CEMENT			
						JEI MI JEI			- SA	SACKS CEMENT			
			·										
. TEST DATA AND						ļ		<u></u> .					
OIL WELL (Test no Date First New Oil Run To	nusi be after re	covery of to	tal volume	of load i	oil and must	be equal to or	exceed top al	lowable for	this depth or be for	full 24 how	rs.)		
The First of Ref. 10	Date of Tes	a a			Producing M	ethod (Flow, p	nump, gas lifi	i, eic.)					
ength of Test	Tubing Pressure					Casing Press	ure		Choke Size	Choke Size			
Actual Prod. During Test	U Prod. During Test Oil - Bbls.					Water - Bbis.	•		Gas- MCF	Gas- MCF			
GAS WELL						l							
Actual Prod. Test - MCF/D		Lanuth of 2	P=			1							
Actual Prod. Test - MCIVD Length of Test						Bbls. Condensate/MMCF			Gravity of Con	Gravity of Condensate			
esting Method (pitot, back p	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size				
I. OPERATOR C	EBTHEIC /	TE OF	COL	Y Y A 3 '	ICT	<u> </u>							
I hereby certify that the n	refroat pur sorie	TIE OF	COMP.	ntive TTYT/	CE	\parallel		VSFR\	ATION D	1/1010	IN Factor		
Division have been comp	lied with and th	at the infor	mation give	n above			001				"		
is true and complete to the best of my knowledge and belief.						Date Approved SEP 2 7 1989							
	eray//	Kykei	ly			_{D.}							
Signature Michael S. Daugherty, Production Engineer						By ORIGINAL SIGNED BY							
Printed Name 9-18-89 (214) 953-1414						MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF							
97	15-24	(2	14) 95	3-1/	1.4	ll riue.	JUFER	MAIDOK!	DISTRICT				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

953-1414

Telephone No.

- 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.