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

State of New Mexico Linergy, Minerals and Natural Resources Department

RECENTED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

OCT 29 '90 Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION SIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

| Unit Letter F : 1930 Feet From The NOTE Line and 2505 Feet From The Section 23 Township 23S Range 28E ,NMPM, Eddy MILL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | 7001 10 be sens) |
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| Address Constraint Constr | County to be seru) 7001 to be seru) |
| Change in Transporter of: | County to be seru) 7001 to be seru) |
| Change in Transporter of Completion B Or Casinghead Gas Or Condensate Condensate Casinghead Gas Condensate Condensate Casinghead Gas Casinghead Gas Casinghead Gas Casinghead Gas Condensate Casinghead Gas Casinghead Gas Casinghead Casinghea | County to be seru) 7001 to be seru) |
| Description B | County to be seru) 7001 to be seru) |
| Casinghead Gas Condensate change of Operator give name of address of previous operators DESCRIPTION OF WELL AND LEASE Asses Name Well No. Conaldson Comm "A" 1 E. Loving (Delaware) Conaldson Comm 1 E. Loving (Delaware) | County to be seru) 7001 to be seru) |
| Address Give address to which approved copy of this form is production is controlled with that from any other lease or pool, give comminging order number: V. COMPLETION DATA Designate Type of Completion - (X) Designate Type of Completion - (X) | County to be seru) 7001 to be seru) |
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| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top anomalor for must be | |
| | 1 24 hours.) |
| Date First New Oil Run To Tank Date of Test | |
| 10 (01 (00 Flow | |
| Tubing Pressure Casing Pressure | |
| 550 | 54 |
| 24 hrs. Gas- MCF | |
| Actual Prod. During Test Oil - Bois. | |
| 106 99 213 | _ |
| GAS WELL Bbls Condensale/MMCF Gravity of Condensale/MMCF | ensate |
| Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Cond | |
| Choke Size | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | |
| | |
| AND CERTIFICATE OF COMPLIANCE | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DI | MOION |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | VISION |
| is true and complete to the best of my knowledge and belief. Date Approved OCT 3 0 | |
| Dute Application | |
| James Shaksall By ORIGINAL SIGNED BY | |
| By ORIGINAL SIGNED BY | 990 |
| Signature MIKE WILLIAMS | 990 |
| James L. Shatzsall Sr. Prod. Engr. Printed Name Title SUPERVISOR, DISTRIC | 990 |
| Printed Name | 990 |
| 10/24/90 (915) 362-6302 Date Telephone No. | 990 |

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.