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

Energy, Minerals and Natural Resources Department

140 F98 8 31 11 18 7

Revised 1-1-89 See Instructions at Bottom of Page

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

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

## **UIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

¥							AUTHORI					
I. Operator	<del></del>	IO IHA	NSF	OH	II OIL	AND NA	TURAL GA		API No.			
MISION ENERGY	INC							Well	AFI NO.			
Address			<del></del>				1					
1:0. Box 2459	Carl	sbad,	N/I	1 8	822	1						
Reason(s) for Filing (Check proper box) New Well		Changa in	Т	<b>-</b>		Othe	et (Please expla	in)				
Recompletion	Oil	Change in	Dry (		OI:	Read	eST Te	ST H	Howas	le of	<b>`</b> 1	
Change in Operator	Casinghea	d Gas	Cond		. 🗖	naye	2,000					
If change of operator give name and address of previous operator						*		******	• • • • • • • • • • • • • • • • • • • •			
•	ANDED	. or	<del></del>	•								
II. DESCRIPTION OF WELL Lease Name	AND LEA		Pool 1	Nama	Includi	ng Formation		Vin	of Lease	<del></del>	ease No.	
HB 3 Feeren #1 Wild Car							SBOING:	1 ~ .	, Federal or Fe			
Location	<del></del> -1	·	L	7761	<u> </u>	10.71.	M. W.J.			1 / 1//	.1/.1(/-4	
Unit Letter	_:_ <i>198</i>	<u>80</u>	Feet I	From '	The 🗹	1771 Line	and $1980$	<u> </u>	eet From The	Ecc 57	Line	
Service of many	p 24	۲.			291						_	
Section - Township	2 27	)	Kange	<u>e .</u>	111	<u>, NN</u>	APM, E	1619			County	
III. DESIGNATION OF TRAN	SPORTE			ND N	NATU							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
SCOTICO IN POLITICAL FOR TO OF OR OF Dry Gas Or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
PANE OF AUTHORIZED TRANSPORTER OF CASING		<b>       </b>	or Dr	y Gas	Ш	Address (Give	adaress to wh	ich approve	d copy of this fo	orm is to be se	int) 	
If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	Is gas actually	connected?	Whe	1	1 & V(Y')	<u>79702</u>	
give location of tanks.	<i>I</i>	3	24.	-	29 <b>6</b>	No		i				
If this production is commingled with that to IV. COMPLETION DATA	rom any oth	er lease or p	pool, g	ive co	mming!	ing order numb	er:					
Designate Type of Completion	- (X)	Oil Well	Ţ	Gas \	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.			Total Depth			P.B.T.D.	l		
		,,				•			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas P	ay		Tubing Dep	Tubing Depth		
Perforations								·····	Depth Casing Shoe			
		TIDDIO.	<u> </u>	D. C.			IO DECOD	· · · · · · · · · · · · · · · · · · ·			·	
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE						<del></del>	DEPTH SET	ַנ		SACKS CEMENT		
TIOLE SIZE CASING & TODING S				JILL	•	DEI III GET			SACKS SEINERT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLF	<del>.</del>						<del></del>		
OIL WELL (Test must be after re					nd must	be equal to or	exceed top allo	wable for th	is depth or be j	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Tes	st				Producing Me	thod (Flow, pu	mp, gas lift,	etc.)			
Landb of Test	The big of the state of the sta					Casing Pressu			Choke Size			
Length of Test	Tubing Pressure				Casing riessu.	16		Choke olde				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
						l			_			
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Condens	sate/MMCF		Gravity of C	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	ne (Shut-in)	······································	Choke Size	Choke Size			
leaning tributes (proof course to						•						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCI	E					D. 11 (10 16		
I hereby certify that the rules and regula						'	DIL CON	SERV	AHON	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							_		OCT 1 0	1001		
/ / //						Date	Approve	<b>d</b>		7001		
Lonny Witchen	·						n.	RIGINAL	SIGNED F	Υ		
Signature						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name	111 -7		<i>گانٹ</i> Title	بتبعد	<del>(                                    </del>	Title			OR, DISTR	ICT J		
16 4-41	(.50	: \ 230	. 4	04	<u></u>			<u> </u>		•		
Date		Tele	phone	No.		11			,			

- 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.