Subruit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico ... crgy, Minerals and Natural Resources Departn.

Form C-104 Revised 1-1-89

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

2088

co 87504-2088

(CLL) V - L JUL 1 - 129

	OIL CONSERVAL
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2
P.O. Drawer DD, Altesia, 1991 66210	Santa Fe, New Mexic
DICTRICT BI	

000 Rio Brazos Rd., Aztec, NM 87410						AUTHORIZ		AL. D.	ţ.	
perator	TO TRANSPORT OIL AND NATURAL GAS					Well A	Well API No. 30-015-26293			
RB Operating Comp	any /							30-015-	26293	
ddress 601 N. Marienfeld	. Suite	102,	Mid:	land, T	exas 79	9701				
leason(s) for Filing (Check proper box)	<u> </u>					er (Please expla	in) Chang	ge Pool	Name	
lew Well	(Change in Ti	•							
ecompletion	Oil		•	_	Effe	ective Ju	ıly 1, 1	993		
hange in Operator	Casinghead	Gas U C	onden	nte 📗						
change of operator give name d address of previous operator										
. DESCRIPTION OF WELL A	ND LEA	SE								
ease Name	'	i			ng Formation		1	l Lease Federal or Fee	1	ase No.
Carrasco 14		2	Eas	t Lovin	g-Brush	y Canyon			-	·
ocation	100	26		3.7	1.	. 201	2 =		Vo o t	* *
Umi LetterG	:180	<u> 16 </u>	eet Fr	om The _N	orth Lin	e and201	.3 Fee	t From The _	East	Line
Section 14 Township	23S	J	lange	28E	, NI	мрм, Е	Eddy	· · · · · ·		County
T DESIGNATION OF TRANS	CDADTEI	OF OU	A N	D NATIII	PAL GAS					
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Condensa			Address (Giv	ve address to wi	hich approved	copy of this fo	erm is to be see	u)
Pride Pipeline Company	لتبا					ox 2436,				
Name of Authorized Transporter of Casing	head Gas	X) (or Dry	Gas		re address to wi			_	nt)
El Paso Natural Gas Com	npany			_,		ox 1492,			79978	
f well produces oil or liquids,	: :	:	Γwp.	•	is gas actuall		When		١٥.	
ive location of tanks.	J		3 <u>S</u>	28E	Yes_			5/17/9	90	
this production is commingled with that f V. COMPLETION DATA	rom any othe	er lease or po	ool, go	ve comming!	ing order prim	Der:				
7. COM DETTO.		Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	· (X)	<u>i</u>	Ĺ		<u> </u>	1	1	<u> </u>	L	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Several (D), rate, rat, each										
Perforations								Depth Casin	8 2poe	
		TIBING (CASI	NG AND	CEMENT	NG RECOF	SD	1		
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEM	ENT
								ļ		
	ļ							<u> </u>		
W MESON DATE AND DEOLIS	TE FOR A	II OWA	DIE		<u> </u>					
V. TEST DATA AND REQUES OIL WELL (Test must be after r) I FUK A	LLLUW A	flood	oil and mus	the equal to a	v exceed top al	lowable for thi	s depth or be	for full 24 hou	ors.)
Date First New Oil Run To Tank	Date of Ter		, 1000	OH GAZ WAS	Producing N	Aethod (Flow, p	oump, gas lift,	etc.)	,,	
	J 3	_								
Length of Test	Tubing Pre	ssure			Casing Press	STILE		Choke Size		
								Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	£.		OZ- MCF		
C. C. WELL	1						· · · · · · · · · · · · · · · · · · ·	<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity of	Condensate	
PRIMAL FIOR TON - MICELEY	- Augus G									
Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
				NOD	٦			1		
VI. OPERATOR CERTIFIC				NCE		OIL CO	NSERV	ATION	DIVISIO	NC
I hereby certify that the rules and regul Division have been complied with and	that the info	Ou Conserv	DOLLAN Series de	ve	1	J J.				
is true and complete to the best of my					Do	e Approv	od -	JUL 15	1993	
_//	,				Dal	ra whhion	eu		<u> </u>	
Z . Flande	w				D.					
Signature	n	gional	Ma-	2002	By.	1 127 (121)	NAL SIGN	CD BA		
Tim Goudeau Printed Name			Title		T:+1.	MIKE '	WILLIAMS RVISOR, [DISTRICT	!1	
7/12/93	(915)) 682-0	095		11 1100	esupe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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.

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.