Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department 47484 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Anesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088			177 th + 1 <mark>992</mark>				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS			ION Service Service				
I. Operator				Well API No.				
Address	EUM CORPORATION				30-015-26960			
105 SOUTH 4th	n STREET, ARTESIA, NM 8	8210 XX Other (Please explain	n).		<u></u> .			
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condensate	EFFECTIVE JUN		992.				
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WEL			Kind o	of Lease No.		ease No.		
Martha AIK Fed.	6 Livings	ton Ridge Delaw				5417		
Unit LetterA		North Line and 330		et From The	East	Line		
Section 11 Town			Eddy			Codiny		
HEADESIGNATION OF TRA	ANSPORTER OF OIL AND NAT	URAL GAS Address (Give address to white	h approved	come of this for	m is to he se	nt)		
Name of Aumorized Transporter of Oil	Transportation therew Co	PO Box 1188, H						
Name of Authorized Transporter of Cal	singhead Gas Kall Country Cas a V	Address (Otte data ess to which approved copy of the form -				nt)		
Yates Petroleum Corp		e. Is gas actually connected?	5 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.		Zi Yes		4-7-9	92			
If this production is commingled with th	nat from any other lease or pool, give commit					J		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Date Spudded	Date Compi. Ready to Frod.			1.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay			Tubing Depth				
Perforations				Depth Casing	Shoe			
		D CEMENTING RECORD)	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SAOKS CEMENT				
				40.00				
V. TEST DATA AND REQU	EST FOR ALLOWABLE				6.11.24 have	\		
OIL WELL (Test must be after Date First New Oil Run To Tank	pr recovery of total volume of load oil and mi	Producing Method (Flow, pum	ip, gas lift, e	ic.)	7 mi 24 nom			
Length of Test	Tubing Pressure	Tubing Pressure Casing Pressure		Choke Size				
Adual Prod During Test	Oil - Bbls.	Water - Bbls.		Gas- MCF				
das well								
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFI I hereby certify that the rules and reproduced with an is true and complete to the best of m	nd that the information given above	OIL CONS)N		
franta o	Godlett by MB							
Signature NANITA GOODLET	By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT I							

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

5-20-92

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.

(505) 748-1471

- 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.