<u> </u>		-*		CIS
Submit 5 Copies Appropriate District Office DISTRICT 1		f New Mexico Natural Resources Department	RECEIVED	Form C-104 Y Revised 1-1-89 6 See Instructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O.	ATION DIVISION Box 2088		at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	)	Mexico 87504-2088	O. C. D.	
I. Operator	REQUEST FOR ALLOW TO TRANSPORT C	ABLE AND AUTHORIZA D!L AND NATURAL GAS		
•	poration (Nevada)		Well API No.	
20 North Broadwa Reason(s) for Filing (Check proper box)	y Suite 1500 Oklahoma			
New Well	Change in Transporter of:	Other (Please explain)	CASINGHEAD G	AS MUST NOT
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate	]	FLARED AFTER UNLESS AN EXC	113193
f change of operator give name address of previous operator			THE B. L. M. IS O	BTAINED
I. DESCRIPTION OF WELL Lease Name		Wells.		
Todd "26" Federal	Well No. Pool Nume, Incl 9 Undesign	uding Formation <del>ated</del> Delaware	Kind of Lease State, Federal or Freex	<b>Lease No.</b> M 0405444-A
Unit Letter M	Feet From The	south Line and990'	Feet From The	west Line
Section 26 Townsh	ip T23S Range R3	le, NMPM,	Eddy	County
I. DESIGNATION OF TRAI ame of Authopized Transportery of Oil	NSPORTER OF OIL AND NAT	URAL GAS		
Pride Pineline 6		Address (Give address to which a P.O. Box 2436, Abi		
ame of Authorized Transporter of Casir NGPL	aghead Gas X or Dry Gas	Address (Give address to which a	pproved copy of this form is	to be sent)
well produces oil or liquids,	Unit Sec. Twp. Rg	P.O. Box 283 Hous e. Is gas actually connected? no	ton, TX 77001 When? to NGPL	0.0.
e location of tanks.	F 26 23 31 from any other lease or pool, give commin	Dending	November	
COMPLETION DATA				
Designate Type of Completion ate Spudded	Oil Well Gas Well - (X) Date Compl. Ready to Prod.	New Well   Workover   D X Total Depth	eepen Plug Back Same	Res'v Diff Res'v
9/15/92	9/22/92	1 Top Oil/Gas Pay	P.B.T.D.	
evations (DF, RKB, RT, GR, etc.) 3447.1	Name of Producing Formation Delaware	Top Oil/Gas Pay Delaware	Tubing Depth 7900'	
nforations 8006'-8			Depth Casing Sho	e
		CEMENTING RECORD	8400'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		S CEMĘNT
11"	<u>13 3/8"</u> <u>8 5/8"</u>	850 869		
7 7/8"	5 1/2"	<u>4400'</u> 8400'	<u> </u>	s 11-13-92
TEST DATA AND REQUES	T FOR ALLOWABLE			
LWELL (Test must be after re te First New Oil Run To Tank	ecovery of total volume of load oil and mus	t be equal to or exceed top allowable	for this depth or be for full	24 hours.)
October 21, 1992	October 21, 1992	Producing Method (Flow, pump, go flowing	<b>15</b> iyî, <b>e</b> ic.)	
ngth of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size	
aual Prod. During Test	<u>200 psi</u> Oil - Bbls.	1200 psi Water - Bbls.	2 Gas- MCF	4/64 ths
AS WELL	193	20		180
mal Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condens	ale
ing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
OPERATOR CERTIFICA	tions of the Oil Conservation	OIL CONSE	RVATION DIV	SION
Division have been complied with and u	hat the information given above	Date Approved	OCT 3 0 1992	
Charle W /for	· · · · · · · · · · · · · · · · · · ·		AL SIGNED RY	·····
Signature Charles W. Horsman District Engineer Printed Name		By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT J		
	<u>992 (405) 235-3611</u>	Title SUPER	VISUR, DISTRICT I	
	A SECTOR INC.	41		

ie 1104

 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.