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Appropriate District Office
DISTRICT I

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State of New Mexico Energy, Minerals and Natural Resources Depa. ent

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	חבסוו	-ct		A/A D		NUTHODIS		ر ب <del>ار</del> ان م			
I.						AUTHORIZ FURAL GA					
Operator	<del>-/</del>	<u> </u>						API No.			
Ralph E. Williamson	illiamson 🗸							3001523017			
Address One Marienfeld Place	Suite	550.	Midland	i. T	X 79701						
Reason(s) for Filing (Check proper box)	, 54100	000,	i i a i a i a	., .,		x (Please expla	in)				
New Well		Change in T	Transporter o	f:							
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead	Gas (	Condensate		0ре	erator cl	nange e	ffective	e 1-1-93	!	
If change of operator give name and address of previous operator Mid-C			rgy, In	c.,	401 S Bo	oston, Si	uite 34	00, Tul:	sa, OK 7	4103-407	
II. DESCRIPTION OF WELL A	AND LEASE  Well No.   Pool Name, Including				ng Formation Kind c			of Lease No.			
ROSS DRAW UNIT	8 ROSS DRAW			سمدا			Federal XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Location						<u>.                                    </u>	<b>-</b>				
Unit LetterG	. :16	50	Feet From T	ne <u>No</u>	orth Line	and <u>1650</u>	) Fe	et From The	East	Line	
Section 27 Township	26 S		Range	30	E , NA	ирм, I	Eddy			County	
III. DESIGNATION OF TRANS				<u>ATUI</u>	RAL GAS					14 . <del>15</del> . <del>15 . 15 </del>	
Name of Authorized Transporter of Oil or Condensate					1			copy of this form is to be sent)			
Koch Services, Inc.								nridge, TX 76024 copy of this form is to be sent)			
Sid Richardson Carbon						in Stree					
If well produces oil or liquids,			Twp.		Is gas actually		When		1X 70102	<del></del>	
give location of tanks.	Gj	27	26 j	30	Yes		i3	3/27/80			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or p	ool, give con	nmingli	ing order numb	)er:				<u> </u>	
Designate Type of Completion -	- (X)	Oil Well	Gas W	/eli	New Weli	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	L <b>.</b>		P.B.T.D.	J		
Elevations (DF, RKB, RT, GR, etc.)	mation		Top Oil∕Gas Pay			m					
	Name of Pr	ouncing rot	manou		Top our car			Tubing Depth			
Perforations								Depth Casin	ng Shoe	•	
	Т	UBING,	CASING A	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			ļ <u>.</u>	SACKS CEMENT		
				-							
	<del> </del>	<del>-</del>									
	<del> </del>	-	-					<del> </del>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			<del>-1</del>			
OIL WELL (Test must be after re	<del></del>		f load oil an	d must					for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Tes	i			Producing Me	ethod (Flow, pu	mp, gas lift, e	uc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
C. C. TYPOL T	<u> </u>				<u> </u>			1	<u></u>		
GAS WELL Actual Prod. Test - MCF/D	I anoth of	Fact			Dhia Conden	soto A A A CE		Courty of	Condensate	·····	
	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE	<u> </u>					<b></b>		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 1 2 1993						
					Date	Approve	d				
Robert El Miannon					ORIGINAL SIGNED BY						
Signature		١			By_	MIN	E.WILLI	<del>AMS</del>		<del></del>	
Ralph E. Williamson Operator Printed Name Title					SUPERVISOR, DISTRICT IT						
April 2, 1993 915/682-1797					Title						

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.

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.