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

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

DISTRICT III

OIL CONSERVATION DIVISION

State of New Mexico

P.O. Box 2088

Minerals and Natural Resources Department

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions

FEB 02 '89

1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST F	OR AL	I OWA!	RI F AND A	AUTHORI	ZATION		O. C. C).	
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION C. C. D. TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE									FICE	
Operator /									API No.		
Charles B. Gi	30-015-26045										
Address											
P. O. Box 8	Mic	lland,	Texas	79702							
Reason(s) for Filing (Check proper box)					_	т (Please expi	-				
New Well		Change in	, -		Req	uest for	r test a	allowable	e		
Recompletion	Oil		Dry Ga	_	oi1	stored	in frac	c tanks			
Change in Operator If change of operator give name	Casinghea	id Gas	Conden	sale							
and address of previous operator									,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
II. DESCRIPTION OF WELL	AND LE		Ta . a .				· † · · · · · · · · · · · · · · · · · · 		· · · · · · · · · · · · · · · · · · ·		
Lease Name	Well No. Pool Name, Including							of Lease No. Federal or Fee No.			
Poker Lake Ur	11t	70	<u> Wil</u>	dcat.	<u>Delaware</u>			10001010	<u> NM-</u>	-0522	
Unit Letter P	: 81	0	_ Feet Fn	om The _S	outh Line	and <u>81</u> () F	eet From The .	East	Line	
Section 28 Townshi	p 24	S	Range	31E	, NM	1PM, Ed	v			County	
III. DESIGNATION OF TRAN	SPAPTE	ያ ለፍ ሳ	IT A KIT	יויינית או	DAT CAS						
Name of Authorized Transporter of Oil		or Conde		MATO		address to w	hich approved	t copy of this fo	orm is to be se	ent)	
Pride Pipeline Com					1			ene. Texas 79604			
Name of Authorized Transporter of Casing					P. O. Box 2436 Abil Address (Give address to which approved			Leagy of this form is to be sent)			
Unknown at present		4					чүүл олсо	· copy of many	,,,, D 10 0t 3t	··· - /	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	. ?	· 		
give location of tanks.	I P 28 24			1 31E	No		i	Unknown			
If this production is commingled with that i	from any oth		pool, giv	e comming		er:		OHRHOMI			
IV. COMPLETION DATA				_	_						
Designate Type of Completion	- (X)	Oil Wel	1 C	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	00001		
12/23/88 Elevations (DF, RKB, RT, GR, etc.)	1/26/89 Name of Producing Formation				7238 Top Oil/Gas Pay			6960'			
3472.7 GR 3488.2 K.B.					6738'			Tubing Depth 6610			
Perforations	Taware			L	0/38		Depth Casing Shoe				
6738_6740! 6742_6745	, 6747-6750', 6752-6755'				ı			7006'			
0730-0740 , 0742-0743						IC DECOD	n	<u> </u>	/006		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"				600'			700			
77"	8 5/8"				4325'			1300			
7 7/8"	5 1/2"			S., .	7006 '			+		- 	
5 1/2" csa.	2 7/8"				6610'			735			
V. TEST DATA AND REQUES	T FOR A	LLÓW	ABLE		1 0	<u> </u>					
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te				Producing Met						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil Bhi				Water - Bbls.			Gas- MCF			
Account from During Feet	Oil - Bbls.										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
, , , , , , , , , , , , , , , , , , ,								1			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CEDATES			N Y		<u> </u>			.!			
VI. OPERATOR CERTIFICA				CE			ISERV	ΔΤΙΩΝΙ Γ	אופור	M	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my k			CII AUCOVE				. FE	8 13 19	98 9		
1					Date	Approve	b				

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.

Title.

Orlgins' Stance by Mike Williams

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title (915) 683-1765

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.

Date

Printed Name 1/31/89