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

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

DIME OF IVEM INCHICO Energy, Minerals and Natural Resources Depriment

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 3 1 1994

	•	/	,
	_	r	
\sim)	١,	_
· .	/	1	
(Y	11	
`	١	V	Λ
		T/	U
		v.	ľ

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQ	UEST F	OR A	LLOWA	BLE AND	AUTHOR		1			
I.	TO TRANSPORT OIL AND NATURAL GAS						IAS Wa	Well AP! No. 30-015-27536 ·			
Liliano.		Oil Company					30-015-275	36 .			
3325 W	. Wadle	y, Ste	#213	, Midl	and, TX	79707	1-1-4				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Oil Casinghe	Change in	Dry G	. <u> </u>		Gas Tran	·		·		
and address of previous operator	<u> </u>			.11	-/	<u></u>					
II. DESCRIPTION OF WELL Lease Name Poker Lake Uni		Well No. 78.			ling Formation Delawar	ce		of Lease Federal M. House		se No. 061705−E	
Location	. 660	. 		1	North	660) .	eet From The _Ea	st	Line	
Unit Letter 25 Section Townshi	_ • 24So	uth	Range	30-Eas		e and MPM,	Eddy	act Llotts the		County	
	CDODTE	ED OF O	I. ANI	D NATI	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon and Gas Co.			Gas 🗀	Address (Give address to which approved copy of this form is to be sent) 201 Main St, Fort Worth, TX 76102							
If well produces oil or liquids, give location of tanks.	Unit A		Twp. 245	Rge. 30E	le gas actually		When	•			
f this production is commingled with that V. COMPLETION DATA	from any oth	er lease or p	ool, give	comming	ing order numb	er:					
	- (Y)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pi. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Clas Pay			Tubing Depth					
erforations	L			<u></u>	<u> </u>			Depth Casing Sho	ж		
					CEMENTIN		D	0.00	(0.05)(5)		
HOLE SIZE	CAS	SING & TU	BING SI	ZE		DEPTH SET		SAUN	S CEMEN		
								2-	18-9	4	
								Ma	d GI	SRC	
TEST DATA AND REQUES IL WELL (Test must be after re	FOR A	LLOWA	BLE fload oi	i and must	be equal to or a	exceed top allo	wable for thi	depih or be for ful	! 24 hows.)	
Date First New Oil Run To Tank	Date of Tes				Producing Mel	thod (Flow, pur	np, gas lift, e	ic.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.		Water - Bbis.			Gas- MCF				
GAS WELL	I										
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA				CE	0	IL CON	SERV	ATION DIV	'ISION	 J	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION Date Approved FEB 9 1994								
Mille h	1100	m				• •		-DICT II			
	ction T				Ву	SUPER	visor. D	ISTRICT II			
Printed Name 1/28/94	915-	520-434			Title_						
Date		Teleph	one No.	11	1						

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.
- 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.