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

Form 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

DISTRICT II P.O. Drawer DD, Anesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.					NSPORT C								
L. Operator				I I I I I	והטויטהו כ	AIN AIN	· 13/21	OI IAL G	Well	API No.			
BC & D Opera	ating	, Inc.	<u> </u>						30	-031-207	19		
Address													
PO Box 5926			88241	L			01	(D)					
Reason(s) for Filing (C	heck pro	per bax)		Character in 1	Tarter of	لــا	Other	(Please expl	aur)				
New Well Recompletion	H		Oil		Transporter of: Dry Gas]	וכוטוכו	contine.	May 1	1003			
Change in Operator	\boxtimes		Caringhead		Condensate	וֹ	EFFI	WIIAE:	ray 1.), 1773			
I change of operator give	ve barne	Amar			tion 1331	il ama	r St	· 900 •	Houst	on, Texa	s 77010	-3088 -	
and address of previous	operator	Allici	reali Ez	Apror a	C1011 1551	Lame	, ,	, ,	110450	JII, 1000	3 77010	- 0000	
IL DESCRIPTIO	N OF	WELL	AND LEA								,		
Lease Name			1	Well No.	Pool Name, lack	-		Sau+h		of Lease (Festeral or P		rese No.	
Hanson Location				3/ [Hospah	opper.	Sanu	South			V Fe	<u> </u>	
	М		.1215		Feet From The .	South	• • • •	705		eet From The	West		
Unit Letter _			:1215		rest from 10s ,	00 01 01	LIBS 1	100				Line	
Section	6	Township	17N		Range	. 8W	, NM	PM,	McK	inley		County	

II. DESIGNATION	IO NC	F TRANS	SPORTE	or Conden									
Name of Authorized Tr Giant Refini		rai Oui .·	X	OF COROREI						dale, AZ	form is to be se	enu)	
Name of Authorized Tr		r of Casing	head Gas		or Dry Gas						form is to be se	rac)	
										· ,			
If well produces oil or l	iquids,				Twp. Ite	p. le gas	actually (connected?	When	17			
rive location of tanks.			K	6~ 1	17NJ 8W				1				
f this production is com			rom any othe	at person ou b	ool, give commi	ngling ord	at antape	. <u> </u>	· - · · · · · · · · · · · · · · · · · ·				
V. COMPLETIC	IN DA	IA		100 70 0	7 2 20				γ- <u>-</u>	γ	1	1	
Designate Type	of Con	noletion -	(20)	On Men	Ges Well	Nov	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		•	Date Compl	Reedy to	Prod.	Total	Depth		l.,	P.B.T.D.	I		
•		-	•	•			•			1			
Elevations (DF, RKB, R	T, GR, a	nc)	Name of Pro	oducing For	metica	Top C	il/Ges Pa	y		Tubing Dep	¢h		
Perforations										Depth Casi	ng Shoe		
		<u>-</u>		IIDING /	CASING AN	D-CPM	CAPTIAL	2 PECOP	n				
HOLE SIZE			TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			Onding a round diez				DEF ITTOET			ONORO DEMENT			
												····	
/ TEST DATA	ATT 17	FOUR	T FOR A	I I OWA	ni r					<u>. J </u>	<u>'</u>		
/. TEST DATA A DIL WELL σ		-			DLE flood oil and m	ىسى مۇ بىر	i to or e	roed top all	auahla far thi	io doneh ne bo	for full 24 hou		
Date First New Oil Rua			Date of Test		POLICE CHE AND PR				emp, gas lift, o		7 TO 1	5 1	
									770 = 1717		EUE	3 8 8	
length of Test			Tubing Pres	aure		Casin	Pressure			Choke 1		0.4002	
											IUNZ	2 1993	
Actual Prod. During Test			Oil - Bbis.				Water - Bbis.			Gas- MCF	OIL CO	WAL DE	
		<u></u>								<u></u>	OIL TO	3 62	
GAS WELL											Di	. · · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCI	P/D		Length of T			Bole.	Codess	MMCF,	••• ••	Gravity of	Condensale	٠.	
			The Cart Barre			Conta		/Phon 1-1				1	
esting Method (pitot, be	ick pr.j		Tubing Pres	ans (2004-1	B)	С	· · · · · · · · · · · · · · · · · · ·	(Shut-is)		Choke Size		•	
T OPER A BOR				20) 5						1		· · · · · · · · · · · · · · · · · · ·	
/L OPERATOR			=				O	IL CON	ISERV	ATION	DIVISIO	N	
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	io the bi	at of my k	nowindge and	l belief.			Data 4	\pprove	ال م	JN 2 219	393		
(/, 0	•	//	. 20				Derie 1	Approve	a		 		
Manual Hall							By But Shand						
Donnie Hill President							SUPERVISOR DISTRICT #3						
Printed Name	44_				Title		Tala	•	SUPERVI	SOR DIS	TRICT #	3	
6/4/93				392	-2041		Title_		 				
Date				Telep	bons No.	11							

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.