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

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

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			10 110		<u> </u>			Well A	Pl No.			
BC & D Operati	30-031-20850											
Address												
PO Box 5926 H	<u>lobbs, NM</u>	8824	1									
Reason(s) for Filing (Check	k proper bax)		A	~		Ous	x (Piease expli	2M)				
New Well	1	Oil	Change in	Dry G		EFI	FECTIVE:	May 15	, 1993			
Recompletion L. Change in Operator	กี	Casinghea		Conde				,	•			
If change of operator give a	ame Amer					lamar. S	te 900;	Housto	n, Texa:	s 77010	-3088 **	
and address of previous ope	nator /////		хртога	0.011	1001							
IL DESCRIPTION	OF WELL A	AND LE		,				1				
Lease Name		Well No. Pool Name, Inch 41 Hospah 10					Kind of Lease Space Featon or Fee		Leano No.			
Hanson Location			41	11103	pail_low	er Journ	Junu		$\overline{}$			
Unit Letter N	1	.660		East E	The S	outh Lie	330	· Fe	et From The .	West	Line	
Umit Letter	<u> </u>	•=====						-				
Section (Township	17N	· · · · · · · · · · · · · · · · · · ·	Range	. 8	W W	MPM,	McKi	niey		County	
	OF 500 A \$10	monare	D OF O	77 A.B.	III NATTI	DAT CAS						
III. DESIGNATION Name of Authorized Trans			or Conden		L NAIU	Address (Give	e address to wi	hich approved	copy of this fo	orm is to be se	 лі)	
Giant Refining		X					x 12999				·	
Name of Authorized Trans		head Gas		or Dry	Gas	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nt)	
				·								
If well produces oil or liqui	ids,	Unait I	Sec. 6 *-	Twp.	Rgs.	la gas actually	y connected?	When	7			
give location of tanks.	1 2 13 1 1				N 8W			l				
If this production is commin		rom any ou	er lease or	poor, gr	As comming	rad orost morn					···	
IV. COM DETION	DAIA		Oil Well		Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of	Completion -		i	i_		i		<u>i</u>		İ	<u>i</u>	
Date Spudded		Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.			
							Ton Children Bay					
Elevations (DF, RKB, RT, C	Name of P	LOGRICINE 14		3	Top Oil/Ges Pay			Tubing Depth				
Perforations	<u></u>					1			Depth Casin	g Shoe		
	•	_ 7	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D Q				
HOLE SIZE		CAS	SING & TI	JBING	SIZE		DEPTH SET	•		SACKS CEMI	ENT	
									ļ			
									 			
							· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AN	D REQUES	T FOR A	LLOW	ABLE		<u> </u>			I	THE WAY OF	a para	
OIL WELL (Ten	D REQUES must be after re	covery of 10	eal volume	of load	oil and must	be equal to or	exceed top all	owable for this	depth or be	or full 28 hou	g.)[2]	
Date First New Oil Rua To	Tank	Date of Te	4			Producing Me	sthod (Flow, p	ump, gas lift, d	tc.)	IM		
						0			Choke Size	IUU	12 2 1993	
Length of Test		Tubing Pre	entic.			Casing Press	ire		CHOKE SIZE	A-31 A-3	A STAR OF STAR	
Actual Prod. During Test		Oil - Bbls				Water - Bbis.			Gas- MCF	OIL C	ON. P	
Actual 1 for pully 1 ar		OI - BOIL								£,	DIST T	
GAS WELL			-			<u></u>						
Actual Prod. Test - MCF/D)	Length of	Test			Bbls. Condes	MMCF	,	Gravity of	Condensate		
									-		- }	
Testing Method (pitot, back	(PF)	Tubing Pre	esure (Shu	t-m)		Casing Press	rs (2pnt-iv)		Choke Size			
									<u> </u>			
VL OPERATOR C	ERTIFIC	ATE OF	COMI	PLIA	NCE			JOEDY.	ATION	שאוכול	Ski	
' I hereby certify that the						• • •		ADEU A		DIVISIO	JIY .	
Division have been com is true and complete to t				rea abov	re .				IUN 2 2	1993		
to the end confined to t	······································	/				Date	Approve	M				
& Bran	1114	401	2					7.	> d	/		
Signature						By						
Donnie Hill				Pres	<u>sident</u>			SUPER	ISOR DI	STRICT	<i>†</i> 3	
Printed Name 6/4/93					-2041	Title						
Date			Tel	ephoes !								

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.