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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP	ORTO	L AND NA	TURAL G	AS				
Operator Well API No.											
BC & D Operating, In		30-031-20869									
PO Box 5926 Hobbs,	NM 8824	4 1									
Reason(s) for Filing (Check proper box	1111 0025	†1			Ou	net (Please exp	lais)	 			
New Well	•	Change in	Тпанро	nter of:		(1					
Recompletion	Oil		Dry Ge		FF	FECTIVE:	May 1	5, 1993			
Change in Operator	Camphe	ad Gas 🔲	Conden		2,1	LOIIVE.	IMAY I.	, 1))			
If change of operator give name and address of previous operator	erican E	Explora	tion	1331	·Lamar,	Ste 900;	Houst	on, Texa	s 77010	0-3088	
						· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL	L AND LE		Dool M	and Inches	ing Formation		1				
Hanson		43 Hospah L				id So		of Lease No.			
Location		1	1 110.	spun L	OHC: Sun	u Go			FCC		
Unit Letter M	1260		Foot Fro	om The S	outh Lie	100		eet From The .	West	• •	
					•	· · · · · · · · · · · · · · · · · · ·					
Section 6 Township 17N Range					и, W	MPM,	MCK	inley <u>County</u>			
III. DESIGNATION OF TRA	NSPORTE	R OF O	II. ANI	NATTI	DAT. GAS						
Name of Authorized Transporter of Oil	[X]	or Conden				e address to wi	ich approve	Loov of this fo	orm is to be se	est)	
Glant Resigning		CUJ			Address (Give address to which approved copy of this form is to be sent) PO Box 12999 Scottsdale, AZ						
Name of Authorized Transporter of Cas	Jes 🗀	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids.	1	()			<u> </u>						
pive location of tanks.	Unsit K	Sec.	Դար . 17N	Rge. 8W	ls gas actuall	y connected?	When	17			
f this production is commingled with the	d from any oth			<u> </u>	line entre com			 		 	
V. COMPLETION DATA			poor, gave	Comming	mail order settle					<u>.:</u>	
D : D			Oil Well Gas Well		New Well	Workover	Deepen	Plug Back	Same Par'y	Diff Res'v	
Designate Type of Completion									Company New V		
Date Spudded	Dete Comp	Date Compl. Ready to Prod.				Total Depth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	5v					
reason (5) (rate), (7), (at, atc)					1.4020011)			Tubing Depth			
erforations	L			Depth Casing Shoe							
									,		
	T	UBING,	CASIN	G AND	CEMENTI	NG RECOR	D.				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
											
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE				 -				
IL WELL (Test must be after	recovery of tol	tal volume of	f load oil	and must	be equal to or	exceed top allow	wable for this	depth or be fo	or full 24 hour:	z.)	
Date First New Oil Run To Tank	Date of Tes				Producing Me	thod (Flow, pur	np, gas lift, e	(c.)		10. 10. 10.	
ength of Test									18 () i	<u> </u>	
zengun Ot 1 est	Tubing Pres	Tubing Pressure				TE .		Choke Size			
coul Prod. During Test	Oil - Bbls.				Water - Bbis.			11M 2 2 1993			
	Ou - Bots.	Ou - Bols.				water - DOLL					
GAS WELL	_4	···									
ctual Prod. Test - MCF/D		Bbis. Condens	ate/MMCE		Common of Co	DIST. 3	<u> </u>				
	Prod. 1est - MCF/D Length of Test							Gravity of Condensate			
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressur	e (Shut-in)		Choke Size			
L OPERATOR CERTIFIC				Œ							
I bereby certify that the rules and regul	minus of the C	Di Comierve	tion .	· · ·] O	IL CON	SERVA	NTION E	DIVISIO	Ν.	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_ JUN 2 21993						
				i	Date .	Approved		OI	,,,,,		
NO 11 10 9	11/	7		ŀ			_	. ~1	/		
Signature					By But) Chang						
Donnie Hill President]		SUPERV	ISOR DIS	TRICT #	3	
6/4/93		30	7 46 92–20	41	Title_						
Dete			ces No.	<u> </u>							
					L						

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.