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Appropriate District Office
DISTRICT 1
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

DISTRICE II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III		Sai	nta Fe,	New M	lexico 875	04-2088						
1000 Rio Brazos Rd., Aztec, NM 87410					BLE AND							
I. Operator		<u>FO TRA</u>	NSPC	DRT OII	L AND NA	TURAL		API No.				
Billco Energy, Inc.							t t	30 039 23086				
P.O. Box 3038, Farmi	ngton. N	ew Mex	ico	87499								
Reason(s) for Filing (Check proper box)	······································				Ou	ier (Please exp	plain)			<del></del>		
New Well	Oil	Change in	Transpor Dry Gas									
Change in Operator X	Casinghead		Condens									
If change of operator give name and address of previous operator W.B	. Martin	& Ass	ociat	es, 70	09 North	Butler	Farmin	gton, NM	87401	<del></del>		
II. DESCRIPTION OF WELL							<del> </del>					
Lease Name Martin Florance	i ti tito i too tiane, neug									of Lease No. Federalor Fee JAT 362		
Location		<del></del>			-1		<u> </u>		- OIII			
Unit Letter	:15	20	Feet Fro	m The	S Lin	c and15	520 F	cct From The	Е	Line		
Section 6 Townshi	p T23N		Range	R4W	, NI	мрм, Б	Rio Arri	oa		County		
III. DESIGNATION OF TRAN	SPORTE	OF OI	L AND	NATU:	RAL GAS					•		
Name of Authorized Transporter of Oil		or Condens				e address 10 x	vhich approved	copy of this f	orm is to be se	nı)		
Name of Authorized Transporter of Casin	ar	Address (Give address to which approved copy of this form is to be sent)					ini)					
E1 Paso Natural Gas  If well produces oil or liquids,   Unit   Sec.   Twp.   Rge					P.O. Box	x 1492,	El Paso	, TX 79978				
give location of tanks.	I I	1	ìwp. ∣	Rge.	ls gas actually Yes	y connected?	Wher	1 7				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or po	ool, give	comming	ing order numi	ber:	^					
Designate Type of Completion	- (X)	Oil Well	G	s 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.	L	_l		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
*	· · · · <u>-</u>	<del></del>			De Jan Casin	g Snoc						
HOLE SIZE	TUBING, CASING AI HOLE SIZE CASING & TUBING SIZE						<del></del>		CACKO OF LEVY			
Trous Oles	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	<del></del>	***										
			<del></del>			<del></del>						
V. TEST DATA AND REQUES OIL WELL Test must be after re								- L				
Oll. WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						thod (Flow, p	ump, gas lýt, e	cdepth or be f	or full 24 how			
Length of Test	h of Test						ì					
congui or rea	Tubing Press	ure			Casing Pressu	re	-1	Choke Size 91332				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			GIMCON, DIV.				
GAS WELL	L	<del></del>	•	<u>.</u>				l Paji	<del>ST 3</del> —			
Actual Prod. Test - MCF/D	Length of To	sl			Bbls, Condens	HEWMMCF		Gravity of C	ondensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF (	COMPI	IANC	 F		<del></del>		L				
I hereby certify that the rules and regula	tions of the O	il Conserva	tion			DIL COI	<b>ISERV</b>	I NOITA	DIVISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					ADD 0.04000							
Alles Da					Date	Approve	ea <u>A</u>	PR 091	332			
Signature	<b>.</b>	reside	<del></del>	<del></del>	Ву_		3.1	) d				
David R Tentler	D	racida	nt	1				,	· 🗡			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

<u>505-325-</u>

Printed Nanje

Date

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

SUPERVISOR DISTRICT #3

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

Title

Telephone No.

3404

- 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.