Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.						AUTHORI					
Operator		TO THE	MOPC	MIOI	L AND NA	TURAL G		API No.		····	
Billco Energy, Inc.								> /	. 039.	- 230	
Address					-						
214 East Apache Str Reason(s) for Filing (Check proper box)	eet, P.	0. Box	3038	, Farn				01			
New Well		Change in	Transport	ter of:		ner (Please expl	ainj				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	d Gas 🗌	Condens	atc 🚺	·						
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name Well No. Pool Name, Includ								of Lease Lease No.			
Martin Florance	ota – South Lindrith St			Federal or Fee	JAT :	362					
Location										-	
Unit Letter C	_ :6	60	Fed From	m The	NLin	e and19	9 <u>80 </u>	ct From The _	W	Line	
Section 5 Townshi	<u>р Т23</u> N		Range	R4W	. N	MPM, Rio	Arriba			County	
										·	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI or Conden:		<u>NATU</u>					· · · · · · · · · · · · · · · · · · ·	~~~	
_	V Corno		- 1] = 2 (1)		e address to wi					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						P.O. Box 159, Bloomfield, New Mexico 87413 Address (Give address to which approved copy of this form is to be sent)					
	Il Paso Natural Gas Company 580330					P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When 7						
If this production is conuningled with that (from any other	cricase or n	mol give	commine	ing order num			·			
IV. COMPLETION DATA			3001, 87.0	von ann 61	mg order nam	···					
Designate Trans of Grandsi	(11)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back .	Same Res'y	Diff Res'v	
Designate Type of Completion		<u> </u>	l		 	1					
Date Syndded	Date Comp	l. Ready to	Proxi.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
								Tuoing Extina			
Perforations						Depth Casing Shoe					
	7	URING	CA SIN!	G AND	CEMENITI	NC PECOD	15	<u> </u>	. , ==		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CLIVILIAII	DEPTHISET		STOTE CEMENT			
						13.7	क्ष ए छ	39	* U		
							15.000. 57				
							Jani 2	1534			
V. TEST DATA AND REQUEST FOR ALLOWABLE						Chi CON DIV					
OIL WELL (Test must be after recovery of total volume of load oil and must						be equal to or exceed top allowable for the defith or be for full 24 hours.)					
Date First New Oil Run To Tank	Date of Tes					thod (Flow, pu					
Length of Test	Tubing Pressure				Casing Press.			Choke Size			
Tuoning Treasure					Casing I lease			Choice Size			
Actual Prod. During Test	est Oil - Bbls.				Water - Bbis.			Gas- MCF			
	<u></u>										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
(y.c., c.c., y	Tuonig Truster (Sitat-III)				Casing Present (Shut-In)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	IANC	.ا. 				i		J	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
A					Date	Approve	d:	JAN 12'	1993		
1 Vaid Knit											
Signature					By But Chang						
Printed Name President Title					TitleSUPERVISOR DISTRICT #3						
505-325-3404											
Date			hone No.								
		Add to the	and there	COLAR				Section 2 to 1 to 1 to 1 to 1		SI TEMPORAL PROPERTY.	

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.