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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., Aztec, NM 87410

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Additional   Add	I. Operator		TOTA	IAN	ISPC	ORT O	IL AND N	ATURAL	GAS	. •			
Address   Addr	•								W				
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Section 22 Township 24N Range 7N NMPM, RIO Arriba County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Some of Authorited Transporter of Oil X3 or Condensate			<del></del> -		LSCI	LLO	Garrup	<del></del>		.,	SF-(	<u> 378562</u>	
Section 22 Township 24N Range 7W NMPM, RIO AFTIDS   County	Unit Letter	<u> </u>	1850 ·	_ Fee	et Fron	n The _	south Li	ne and $1$	650	Feet From The	east	•	
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Address (Give address to which approved copy of this forms to be sent)	Section 22 To	wnship 2	4 N	Rai	nge	71	√ , N	MPM, Ri	o Arriba	a .		Cou	
Same of Authorized Transporter of Cilian Reflaning.    Address (Give address to which approved copy of this form is to be sent)   P.O. Box 256, Farmington, NM 87499	II. DESIGNATION OF T	RANSPORTI	ER OF O	IL A	AND	NATI	JRAL GAS						
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P.B.T.D.  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  Tubing Depth  Totalions  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  L WELL  (Test must be after recovery of total volume of local oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  The First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Langth of Test  Tubing Test  Oil - Bbls.  OPERATOR CERTIFICATE OF COMPLIANCE  hereby certify that the rules and regulations of the Oil Conservation  kinds have been complete with and that the information given above  true and complete to the best of my knowledge and belief.  Date Approved  Julia 16 1089  SUPERVISION DISTRICT # 3  Title  SUPERVISION DISTRICT # 3  Title  Title		ion - (X)		i			i new wen	WOROVEI	Dechen	Plug Back	Same Res'v	Diff Re	
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Date Approved	true and complete to the best of m	o unat the inform y knowledge and	ution given belief.	above	e	il.	_			••• £ 8 6 6 ± 10	3 000	<b>.</b>	
James P. Bennett Office Manager rinted Name  6/30/89  983-1228  By SUPERVISION DISTRICT # 3  Title  Title	_						Date A	Approved	i i	JULUA J	989	1	
James P. Bennett Office Manager rinted Name  6/30/89  983-1228  SUPERVISION DISTRICT # 3  Title  Title	James & Ber	net				_	D.		Bis	> d	_/		
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Telephone No.	6/30/89 Date	<u> </u>			<i>!</i>	_	1 III 6			·		<del></del>	

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 wills