Submit 5 Copies
Appropriate District Office
DISTRICT 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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.	REQUEST FO	R ALLOWAI							
FLOYD OIL COMPANY						eli API No. 30 - 039 - 05468			
Address		con II Ti	11002			<u></u>			
711 LOUISIANA S Reason(s) for Filing (Check proper box)	STE 1740 Hou	1510H, 1X	Oth	er (Please expla	iin)				
New Well Recompletion		ransporter of:	~~~·	CM2 IT	1000				
Change in Operator	_	Condensate		· FEB. 10					
If change of operator give name and address of previous operator	IRON U.S.A. IN	UC. P.O.BO	OK 549,	DENVER	7 CO !	80201			
II. DESCRIPTION OF WELL			· - <u>2</u> - · · · ·						
Lesse Name ADACHE FEDERAL				Vi Lease No. Federal or Fee TRIBAL #69					
Unit Letter	: 1660 F	eet From The <u>90</u>	OUTH Line	and 1690	, Fe	et From The	EAST	Line	
Section 17 Township 24N Range 5W , NMPM, RIO ARRIBA County									
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) P.D. BOX 1702 FARMINGTON NM 87499								
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
EL PASO NATURAL If well produces oil or liquids,	P.O. BOX 1492 EL PASO, TX 79978 Is gas actually connected? When?								
give location of tanks.	1 1 17 12	wp Rge 24N 5W	YB		•	KNOWN		-,	
If this production is commingled with that if IV. COMPLETION DATA	from any other lease or poo	ol, give comming	ling order numb	er:					
Designate Type of Completion		Gas Well	<u> </u>	Workover	Deepen	Plug Back S	ame Res'v	Diff Resv	
Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	1			Depth Casing Shoe					
UO 5 8175	TUBING, CASING AND CASING & TUBING SIZE						SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SAUKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWAB ecovery of total volume of l		be equal to or	exceed top allo	wable for this	depih or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure		Casing Pressure			Ex Cu	IVE		
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			FEB2 6 1990			
GAS WELL					C.	H CON	4. DIV	/	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Sendengate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size	 			
VI. OPERATOR CERTIFICA	ATE OF COMPL	IANCE		NI CON	CEDVA	TION D	MSIC)NI	
I hereby certify that the rules and regula Division have been complied with and the is true and complete to the best of my lo	OIL CONSERVATION DIVISION Date Approved FEB 2.6 1990								
(a) Rel				whhinned		1	.•		
Signature Sac	By								
Printed Name 2-22-90	SUPERVISOR DISTRICT #3 Title								
Date	7/3 222-62 Telepho								

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.