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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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  GAS WELL  CHAIL Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate	Operator		10 11 11	11101	<u> </u>		<u> </u>	,,,,	OI IAL G		'ell	API No.		<del></del>	
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Reader   Cheer   Proper Act)   Change in Transporter of   Change in Transporter of   Change in Question   Change in Transporter of   Change in Question   Change in Transporter   Change in Chan		NM 87.	501 •												
Recomplication   Collegisted Class   Condensate	Reason(s) for Filing (Check proper box	)						Other	(Please exp	lain)					
Caugh Departer   Casingheed Gas   Condensate   Hotsper of species give same and address of previous operator		of:													
Habsage of openior give name and defines of provide openior	Recompletion														
Late Name    Late Name   Secrit		Casinghe	ad Gas 🔽	Cond	lensate										
Lease Name   Secritic Gallup Unit   Well Name   Peor Name, Including Formation   State of Lases   Lease No. Sp-078959	If change of operator give name and address of previous operator														
Escrito Gallup Unit   4   Escrito Gallup   SMAC Federal NARM   SF-078959	II. DESCRIPTION OF WELI	L AND LE	ASE									_		•	
Location  Use I Late r M	Lease Name		Well No.   Pool Name, Inch											Lease No.	
Uail Letter N		· · · · · · · · · · · · · · · · · · ·						Gallup					SF-0	78959	
Section   7   Township   24   Range   7   NeW NATURAL GAS			990 -	17- at 1	C 7	nu. T	vest .	t		90 '	<b>.</b>	F TI-	south.		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil	Omt Detter	<u></u> :		. rea i	riom i	ne	<u></u> [	TDC 1	ind		. re	et riom ine .		Line	
Name of Authorized Trassporter of Col	Section 7 Towns	hip 24	N ·	Range	<u> </u>	7W		NMI	PM, F	Rio Ar	ri	ba ·		County	
P.O. Box 256, Farmington, NM 87499	III. DESIGNATION OF TRA	NSPORTE			ND N	ATU									
Name of Authorited Transporter of Casinghead Grs    Sec.   Twp.   Reg.   Inc.	LXXI ()														
BCO, Inc.  If well produces tild e liquids, produces tildies tild e liquids, produces tildies tild															
If well produces oil or liquids, but lasts.    M	•	· · · · · · · · · · · · · · · · · · ·													
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Of Producing Formation  Total Depth  P.B.T.D.  Tubing Depth  P.B.T.D.  Depth Casing Stoce  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  A. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Convey of total water - Bbis.  DATE OF COMPLIANCE  Date of Test  Description that the undernation given above is true and complete to the best of my knowledge and belief.  Date Office Manager  Finited Name  Title  SUPERVISION DISTRICT # 3  Title  Title  Title  SUPERVISION DISTRICT # 3  Title		Unit Sec. Twp. Rge					Is gas actually connected? When								
Designate Type of Completion - (X)  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  Tubing Casing Formation  Top Oli/Gas Psy  Tubing Depth  Depth Casing Stoce  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (I est must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  GAS WELL  Licital Prod. During Test  Oil - Bibs.  GAS WELL  Licital Prod. Test - MCP/D  Length of Test  Bibs. Condensate/MMCF  Griviny of Condensate  Condensate/MMCF  Control That and that the information gives above is true and complete to the best of my issowiedge and belief.  Date Approved  JULIO 66 1988  By  SUPERVISION DISTRICT # 3  Title  Title  Title	<u> </u>		<u></u>	Ц										<del></del>	
Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  Date of Test  Date of Test  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Dill. WELL  Casing Pressure  Dill. Well Date of Test  Dill Dill.  Dill Dill Dill Dill Dill Dill Dill Dil		t from any oth	ner lease or p	pool, gi	ive con	nmingli	ing order nu	mber	·				*****		
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Tubing Depth   Tubing Depth	Designate Type of Completion		j	i_				i			i			Ĺ	
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  7. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date Firm New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)  Actual Prod. During Test Oil - Bbls.  Water - Bbls.  GAS WELL  Lectual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Grivity of Condensate  Stignature From the title and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  By Superior Superior 11the Superior Superior 11the Superior 11t	Date Spudded	Date Comp	Prod.			Total Depth				P.B.T.D.					
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HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT	renorations											Depth Casing	g Shoe		
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Mater - Bbls.  Casing Pressure  Casing Pressure  Mater - Bbls.  Casing Pressure  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Condensate MMCF  Casing Pressure (Shut-in)  Choke Size  Condensate Material  Choke Size  Condensate Material  Choke Size  Condensate Material  Condensate Material  Choke Size  Condensate Material  Cho	V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE											
Length of Test  Tubing Pressure  Casing Pressure  Water - Bbls.  Water - Bbls.  GAS WELL  Lettual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Stipp Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Clocke Size  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.  Date Approved  July 661989  By  SUPERVISION DISTRICT # 3  Title  11tle  Title  Title  Title		recovery of lo	tal volume o	f load	oil and								or full 24 hour	s.)	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Water - Bbls.  GAS WELL  Cutual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  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.  Signature  James P. Bennett  Office Manager  Printed Name  Title  SUPERVISION DISTRICT # 3  Title  Title	Date First New Oil Run To Tank	Date of Tes	1			1	Producing M	1etho	xd (Flow, pur	np, gas lift	, el	c.)		e i e i e graan	
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GAS WELL  Lettual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Oll 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.  Date Approved  July 661989  By  Title  SUPERVISION DISTRICT # 3  Title  Title  Title  Title	•														
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Clocke Size  Clock	Actual Prod. During Test	Oil - Bbls.					Water - Bbls.						8 , 7 2	7	
Length of Test  Sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Old Condensate  Old Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  Signature  James P. Bennett  Office Manager  Printed Name  Title  6/30/89  983-1228  Title  Title  Title  Title  Title  Title  Title	CACHELL	1						-				وازن	. V V (c	1	
The sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Taking Pressure (Shut-in)  Casing Press	GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bhls. Condensate/MMCF				Gravity of Condensate				
I. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  Date Approved  JULIO 661989  By  Supervision District # 3  Title  6/30/89  983-1228  Title			·												
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  JULU 661989  By  Supervision Division  Date Approved  Supervision Division  Title  6/30/89  983-1228  Title  Title	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size	مناكمه فيتها وبالناء وي	6.5	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  JULU 661989  By  Supervision Division  Date Approved  Supervision Division  Title  6/30/89  983-1228  Title  Title	A ODED ATOD CEDTIFIC	ATEOE	COI m	YAN	Cr				<del>-</del>				<del></del>		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  JULIO 6 1989  By  Supervision District # 3  Title  6/30/89  983-1228  Title  Title	· -				CE		(	OIL	CON	SERV	/A	TION D	IVISIO	N	
Signature  James P. Bennett  Office Manager  Printed Name  6/30/89  Date Approved  SUPERVISION DISTRICT # 3  Title  Title  Title	Division have been complied with and that the information given above														
Signature  James P. Bennett  Office Manager  Printed Name  6/30/89  983-1228  Title  Title  Title  Title  Title	is true and complete to the best of my knowledge and belief.						Date Approved JULII 6 6 1389								
Signature  James P. Bennett  Office Manager  Printed Name  6/30/89  983-1228  Title  Title  Title  Title	Camer P Bon set						- 100 1003								
Printed Name Title SUPERVISION DISTRICT # 3  6/30/89 983-1228 /	Signature						By Shand								
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## 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