Submit 5 Copies
Appropriate District Office 1 Wiggin DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

5 NMOCD 1 File 1 Sunwest Bank 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS											
Operator	Lor					‡			API No.		
Carolyn Clark Wiggin Oil Properties						30 039 05648					
P.O. Box 420, Farmington, NM 87499											
Reason(s) for Filing (Check proper box) Other (Please explain) New Well Other (Please explain)											
Recompletion	Fffective 3-1-93										
Change is Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator J.Felix Hickman, Sunwest Bank of Albuquerque, Trust Dept., P.O. Box 26900											
II. DESCRIPTION OF WELL AND LEASE Albuquerque, NM 87125-6900											
Lease Name Well No. Pool Name, Include						ling Formation Kind			Lease No.		
Clark	3 South Bla				Sale			Federal or Fee	NM 03011		
Location								THI USULI			
Unit Letter F : 1730 Feet From The North Line and 1550 Feet From The West Line											
Section 5 Township 24N Range 3W , NMPM, Rio Arriba County									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent)											
Giant Refining					P.O. Box 256, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas KX						Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.					P.O. Box 4990, Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.	roduces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? tion of tanks. F 5 24N 3W										
If this production is commingled with that i		<u> </u>	L		ling order nur	nber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back Sau	ne Res'v Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubis					
Perforations								Depth Casing Shoe			
Deput Casing Snoe											
	CEMENTI	NG RECOR	D.	.!							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
								 	-		
U TECT DATA AND DECLER	T FOR										
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to se	exceed top all	aumhle far thi	don't like the	A house		
OIL WELL (Test must be after recovery of total volume of load oil and must to Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
								<u>liè</u>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	AR1 6 1993		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MO	CON. DIT		
GAS WELL			-		1				LDIST. 3		
Actual Prod. Test - MCF/D	Length of Test				Bbla. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
						•					
VL OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONCEDUATION DIVIDION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved APR 1 6 1993						
+ , () =					Date Approved						
Spetature					By Bin) Chan						
/Jim L. Jacobs, Agent											
7/11/2/93 325-1821						Title					
Date 3/12/93 325-1821 Telephone No.								7			

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.
- All sections of this fixm must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections L 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.