Submit 5 Copies
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 Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION (TO TRANSPORT OIL AND NATURAL GAS

1.	T	O TRAN	SPORT OIL	AND NA	TURAL GA	AS	WY LY.		
Bannon En	ed		30 30	-039-22034-00					
3934 F.M. 1960 West, Suite 240, Houston, Texas 77068									
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Ffective 10-1-90 Change in Operator Casinghead Gas Coodennate									
If change of operator give name and address of previous operator a D. Vision of Atlantic Richtield Company II. DESCRIPTION OF WELL AND LEASE									
Lease Name Well No. Pool Name, Including Formation State, Federal or Fee Contract III									
Unit Letter : 2150 Feet From The South Line and 980 Feet From The West Line									
Section 5 Township 24N Range 4W, NMPM, Rio Arriba County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate P.O. Box 4289, Farming ton NM 87401									
Name of Authorized Transporter of Casing El Paso Natural Ga	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farming town NM 87499								
<u> </u>		Sec. TV	mp Rge. 4N 4W	Is gas actually connected? When ?					
If this production is commingled with that from any other lease or pool, give commingling order number:									
IV. COMPLETION DATA	~	Oil Well	Gas Weil	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion -	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	T FOR AL	LLOWAD	16				<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	i FUK Al ecovery of low	al volume of l	L.E. load oil and must	be equal to or	exceed top allo	owable for thi	depth or be	for full 24 hou	·s.)
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pi	emp, gas lift, e	uc.)		
Length of Test	Tubing Press	Rure		Casine-Bress	EGE	AE	Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water Wolf	S O MAL	1001	Ges- MCF		
GAS WELL					JANOU	1001			
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Cold by Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in))	Casing Press	ire (Shuk-in)		Choke Size		
VI. 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 JAN 0 3 1991					
Ralehaland									
Signature R.A. Chabaud V.P. Operations				SUPERVISOR DISTRICT #3					
Printed Name -2-9 7/3-537-9000 Date Telephone No.									

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.