Sub.nit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

XXX Rio Brazos Rd., Aztec, NM 8/410	REQUES	STFO	R AL	LOWAB	AND NAT	URAL GAS	S				
	AIID III II		Well API No.								
realor Southern Union Explo	ration C	ompany	У								
ddress											
324 Hwy US64, NBU300	1 Farm	ingto	n, 1	NM 8740	1	t (Please explai	<u></u>				
eason(s) for Filing (Check proper box)			•	toe of:	Oune	I (I lease explai	, <b>,</b> ,				
ew Well		hange in T	ranspa Orv G:								
ecompletion $\Box$	Oil Casinghead C		Conde								
hange in Operator	Camignato	744									
d address of previous operator											
. DESCRIPTION OF WELL.	AND LEAS	E					Vind of	Lease	l.c	ise No.	
Well No. Pool Name, including					ng Formation esa Verd	e	State (T	Kind of Lease State (Federal or Fee   Contrac			
Jicarilla A											
ocation						e and885	. Fee	From The	West	Line	
Unit LetterE	_:1450	<u></u>	Feet F	rom The	North Lin	e and8 <del>8.3</del>					
22	p 26		Range	4	, N	MPM,	Rio Arr	iba		County	
Section 23 Townshi	J										
I. DESIGNATION OF TRAN	SPORTER	OF OI	L Al	ND NATU	RAL GAS	e address to wh	ish approved	conv of this for	m is to be ser	บ)	
lame of Authorized Transporter of Oil		r Condens	sale	$\overline{x}$		e daaress 10 w	256 Fa	rmington	. NM 87	499	
Giant Refining Company					Post Office Box 256 Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Cashighead Cas					Post Office Box 1899 Bloomfield, NM 87413						
Gas Company of New	Twp.	Rge	Is gas actually connected? When ?								
If well produces oil or liquids, ive location of tanks.	ii	i	ĺ	l							
this production is commingled with that	from any other	r lease or p	pool, g	give comming	gling order nun	iber:					
V. COMPLETION DATA							Deepen	Plug Back	Same Res'v	NIT Res'v	
	(V)	Oil Well	!	Gas Well	New Well	Workover	1 Deck.	1,06 5		İ	
Designate Type of Completion	1 - (A)	Pandy to	Prod		Total Depth	_l	J	P.B.T.D.			
Date Spudded Date Compi. Ready to Prod.				•							
evaluate (DE RKR RT, GR, etc.) Name of Producing Formation				Top Oil/Car	Top Oil/Gas Pay		Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation									Depth Casing Shoe		
Perforations	_l							Depui Casiii	g Siloc		
						nia proof		<u>.l</u>			
		TUBING, CASING AND				DEPTH SE	τ Τ	SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			-	DEPTH SE	<u> </u>				
						67~. 7					
	_				_				·		
								1,4	•		
V. TEST DATA AND REQUI	FST FOR A	LLOW	ABI	E			:		Con Gull 24 ha	e )	
V. TEST DATA AND REQUI OIL WELL (Test must be after	r recovery of to	ital volume	e of lo	ad oil and mi	ust be equal to	or exceed top a	llowable for th	atc.)	Joi juli 24 110		
Date First New Oil Run To Tank	Date of Te				Producing	Method (Flow,	ритф, ус.	e.c.,			
						Casing Pressure			Choke Size		
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure						
					Water - Bi	ols.		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
	L										
GAS WELL					Tible Con	densate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bols. Condensation 172.					
	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
lesting Method (pitot, back pr.)	Tuoing t	Inding tressure (one m)									
		COL	rni 1	LANCE					ייייי	ON	
VI. OPERATOR CERTIF	ICATE O	F COIV.	اللاللا	IMINCE	ll l	OIL CC	NSER	VATION	וטועוטו	ON	
I hereby certify that the rules and re Division have been complied with	egulations of th and that the inf	e On Conf ormation of	ervali Ziven (	above							
Division have been complied with its true and complete to the best of t	my knowledge	and belief.	•		∥ Da	ate <u>Appro</u>	ved				
Junda 1	Il was	1			-    B\	, 5m	enter).	Sava,			
Signature	1 7	~ X	n e =-	dear				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	r is O		
Linda Murphy	( 0111	ce Sur		/ 1 SOT	- ∥ -	tleSU	PERVISOR	DISTAI	<del> </del>   .0		
Printed Name	505	/327-4	448	L	_    ''						
1/1/92		1341	Teleph	one No.	- 11						

- 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
- 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.
- A) Separate Form C-104 must be filed for each pool in multiply completed wells.