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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

NM 8

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., Aziec, NM 87410

I.		TO	I FOR A FRANSF	ALLOV	VABLE AN	ND AUTH	ORIZAT	ION			
TO TRANSPORT OIL AND NATURAL GA								Well API No.			
Address								30 0	39 21	929	
12222 Merit Drive,	Suite 1	500° ==	ត្រូវត្តិក្រុម ព្រះស្រួក		Dallas,	Tevas 7	75251				
Reason(s) for Filing (Check proper New Well	box)					Other (Please					
Recompletion	Oil	Chang	e in Transpo			•					
Change in Operator X		head Gas	Dry Ga		_ 	Effecti	ve June	e 1, 1993			
If change of operator give name and address of previous operator			=		On Compa	ny 22/ 1	U 110.6	4, NBU300			
II. DESCRIPTION OF WI	T.I. AND I	EACE		2444	on compa	11y 324 1	nwy US6	4, NBU300	1 Farm	nington, N	
Lease Name	DOU AND L	Well N	o. Pool Na	me Incl	uding Formatic			·			
Jicarilla B		8A	1	nco M	lesa Verd	ni le	S	ind of Lease tate, Federal or Fe	e Con	Lease No. tract 106	
Unit LetterD	:	810	Feet Fro	m The _	North L	ine and 1	005	Feet From The			
Section 25 Tow	vnship 2	26 N	Range	4 W		VMPM,		rriba		Line County	
III. DESIGNATION OF TR	ANSPORT	ER OF C	OH. AND	NATI	IIDAI CAC					County	
1	** —	or Conde	nrale		Address (G	ve address to	which appro	ved copy of this G			
Name of Authorized Transporter of Casinghead Gas or Dry Gas G					Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499						
G CNM					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413						
give location of tanks.	i i	Unit   Sec.   Twp.   Rge.   Is gas actually connected? ·   When ?									
If this production is commingled with the IV. COMPLETION DATA	ial from any oth		·	comming	ling order num	ber:					
Designate Type of Completio		Oil Well	i	Weil	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Species	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay						
Perforations								Tubing Depth			
								Depth Casing S	ihoe		
LIOUE OUT	T	JBING, (	CASING.	AND (	EMENTIN	G RECORI	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						<del></del>		1 to -			
V. TEST DATA AND REQUES	ST FOR AL	LOWAT	) F						5 3 46 <b>0</b>	<del>-</del>	
OIL WELL (Test must be after r	ecovery of total	volume of	ILE load oil and	l muet ha	agual to an au				्री से अंदिल	<del></del>	
Date First New Oil Run To Tank	Date of Test				roducing Metho	d (Flow, pun	p, gas lift, el	c) OIL COIN			
Length of Test	Tubing Pressur	re			asing Pressure		<del></del> -		<u>151. 3</u>		
Actual Prod. During Test	-							Choke Size			
	Oil - Bbls.			W	Water - Bbis.			Gas- MCF			
GAS WELL				<del></del>	<del>- ,</del>				<del></del> .		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Coring Description (Class)						
					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	TE OF CO	MPLL	ANCE	_  _	<del></del>						
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is the and complete to the hours.					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.											
					Date Approved						
Signature											
Signature Sheryl J. Carruth Regulatory Manager Printed Name					By						
Title 12/29/93 214/701-8377					[] <del>"                                     </del>						
Date Telephone No.					SUPERVISOR DISTRICT #3						

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.
  4) Separate Form C-104 must be filed for each pool in multiple provided to all the such changes.

Testi