Submit 5 Cones
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 Instructions
at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	<u>ANSF</u>	PORT O	L AND NA	TURAL G	AS				
Operator Thion Texas Petr	troleum Corporation				Well API No.						
Address											
Reason(s) for Filing (Check proper box)	Houston	ı. Texa	s 7	7252-2		/0/					
New Well		Change is	тгара	porter of:	04	et (Please exp	iaux)				
Recompletion	Oil		Dry (·							
Change in Operator	Caningho	ead Gas 📃		_							
If change of operator give name and address of previous operator			***		<u></u>				<u>.</u>		
II. DESCRIPTION OF WELL	. AND LE	TACE	CI	. 4/5		· · · · · · · · · · · · · · · · · · ·			-		
Lesse Name Well No. Pool Name, Inclus					ing Formation	- · · · · · · · · · · · · · · · · · · ·	Kind	of Lease No.			
location dicarilla "J"	23 Gallup-				Dakota), WEST Su			e, Federal or Fee C153			
Unit Letter			F 1	· 	·						
Out Leuci	 • 	,	. rea i	From The		e and	Δ	eet From The		Line	
Section 2 Townsh	ip Z	6N	Range	. 0	5W N	мрм, К	10 AR	KIBA		County	
III. DESIGNATION OF TRAI	NSPORT	ER OF O	IL A	VD NATU	RAL GAS						
Name of Authorized Transporter of Oil Meridian Oil Inc		or Conde			Address (Giv	e address to w	hich approve	d copy of this f	orm is to be s	eni)	
Name of Authorized Transporter of Casinghead Gas or Dry Ga					P.O. Box 4289, Farmington, NM 8. Address (Give address to which approved copy of this form is a						
Gas Company of N	ew Mexico				P.O. Box 1899, B1			proved copy of this form is to be sens) comfield, NM 87413			
if well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali		When				
If this production is commingled with that	from any or	her lease or	pool, g	ive commine	ling order mani						
IV. COMPLETION DATA									····		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	L	·	P.B.T.D.	<u></u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations	<u> </u>				!			Depth Casing Shoe			
									, and		
		TUBING, CASING AND					D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
								<u>:</u>			
	.										
							···				
V. TEST DATA AND REQUES	T FOR	LLOWA	BLE	·				·			
OIL WELL (Test must be after r			of load	oil and must	be equal to or	exceed top allo	mable for thi	s depth or be fo	or full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pro	SUR.			Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
								· CE- MCI			
GAS WELL		_									
Actual Prod. Test - MCF/D	Leagth of	Test			Bbls. Condens	nte/MMCF	**	Gravity of Co	odensale	M	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size	وبمنتامتين	<u> </u>	
	1										
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE							
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 ApprovedAUG 2 8 1989						
<i></i>	,	2 /			Date		-	4	989		
Signature					By_ Shank) Chang						
Annette C. Bisb	y Env	7. & Re		ecrtry				LON DIS	TRICT #	3	
Printed Name 8-4-89	(713)968	Title -401	. 2	Title_				//		
Date		Telep	obone i	ło.							

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 tabutation 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.