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

State of New Mexico E. gy, Minerais and Natural Resources Departmen.

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L_				IBLE AND AUTHO IL AND NATURAL				
Operator Benson-Monti	Well API No.							
Address	30-039-24073			3				
221 Petroleum Reason(s) for Filing (Check proper be	n Center Bu	uilding,	Farming	gton, New Mexic	.0 87401	<u>-</u>	<u> </u>	
New Well		Change in Trans	Dotter of:	Other (Please				
Recompletion	Oil	☐ Dry €	• —	oper t	house	coul.		
Change in Operator	Casinghead	Gas 🗌 Cond	lennes 🗌		- Jan	(,,,,,,		
If change or operator give name	ryx Energy	Company,	P.O. I	30x 26300, Okla	homa City	, O.K. 73	3126-0300	
IL DESCRIPTION OF WEI	LL AND LEAS	SE				<u> </u>		
Lease Name		Veli No. Pool	Name, inclu	ting Formation	Kind	of Lease Federal or Fee	Lesse No.	
Wildfire Location		1	Basin	n Dakota	State	Federal or Fee	NMNM7135	
Unit Letter	. 900	To at 1	F m.	South Line and	1650 -	_	West ,	
		reat i	LACOUR TIPE	Line and	F	eet From The		
Section 26 Town	26N	Range	2W	, NMPM,		Rio	Arriba Count	
II. DESIGNATION OF TR	ANSPORTER	OF OIL AT	דד גע תע	TDAT CAS				
Name of Authorized Transporter of O		Condensus		Address (Give address to	o which approve	i copy of this form	is to be sent)	
NA YA								
Name of Authorized Transporter of Co	minguese Gas	or Dr	Gas	Address (Give address s	o which approved	copy of this form	is to be sent)	
If well produces out or liquids,	Unit S	c. Twp.	Rgs.	is gas actually connected	i? When	17		
ive location of tanks.			_L					
this production is commingled with the V. COMPLETION DATA	hat from any other	iesse or pool, g	ive comming	ing order number:				
		Oil Well	Gas Well	New Well Workover	r Deepea	Plug Back San	me Res'v Diff Res	
Designate Type of Completion	on - (X)				r Despes	Find Decr 24		
Date Spudded	Date Compi.	Ready to Prod.		Total Depth		P.B.T.D.		
Sevanons (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Formation		Top Oil/Gas Pay		Tubing Depth		
			-					
erforacions						Depth Casing Sh	loe .	
	7717	RING CAST	NG AND	CELERTING DEC	300			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
. TEST DATA AND REQU		-						
IL WELL (Test must be after the First New Oil Run To Tank	Date of Test	volume of load	oil and must	be equal to or exceed top of Producing Method (Fiow,			ill 24 hours.)	
	Date of Tex			Froming Method (From,	. рынф , заз 141, е	90)	A 40 9 10	
ength of Test	of Test Tubing Pressure			Casing Pressure		Choke Sta		
ctual Prod. During Test	Oil - Bhis.			Water - Bbis		Gas- MCA	1003	
num 110m Duning 10m	Oil - Boil			WHAT - DOLL		DECS DIAGIT		
GAS WELL					 	4.03	CON. E	
ctual Prod. Test - MCF/D	Leagth of Test			Bbis. Condensate/MMCF		Gravity of Condensate		
- Marie de la companya della companya della companya de la companya de la companya della company							**************************************	
sting Method (puot, back pr.)	Tubing Pressur	s (Spar-iv)		Casing Pressure (Shut-in)		Choke Size		
L OPERATOR CERTIFIC	CATE OF CO	OMDITAN	CE					
I hereby certify that the rules and reg	ulations of the Oil	Conservation		OIL CO	NSERVA	ATION DIV	VISION	
Division have been complied with an	d that the informati	on given above			~~	<u>ሰ ል ል 4</u> 00	54	
is truspend complete to the best of my knowledge and belief.				Date Approved DEC 2 (1991) By				
								Signature (Albert R. Greer
Printed Name 12-19-91		Title		Title	SUPERVISO	OR DISTRICT	#3	
10-11-71	F 0 F	/1115 007	,					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.