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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 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOT	RANSP	ORT OIL	AND NAT	URAL GA	AS				
perator							LPI No.			
ridian Oil Inc.						- i				
tress O. Box 4289, Farm	ington NM (27/00								
mon(s) for Filing (Check proper ba		3/433		X Othe	r (Please expla	zin)				
w Well	Chang	e in Transp	orter of:							
completion	Oil	Dry G							"44=	
range in Operator	Casinghead Gas	Conde	98855	Well	name cha	anged fr	rom Jicar	rilla H	#11E	
address of bisations obsession —							-			
DESCRIPTION OF WEI	LL AND LEASE			-						
see Name	Well	Well No. Pool Name, including				1	Kind of Lease State, Federal or Fee		Lease No.	
carilla 103	111E	11E Wildhorse				J,			C103	
Unit Letter K	. 1800	Food E	So	uta Line	end 18	50 E-	et From The _	West	Lin	
Unit Letter 1	:	real r	TOTAL I DE	1100	400	Fe	arioni ile _			
Section 18 Tow	maship 26N	Range	4 k	, NI	nm, Ri	<u>o Arriba</u>	a		County	
DESIGNATION OF TR	ANSPODTED OF	OH AN	JD NATTI	DAL GAS						
me of Authorized Transporter of O		ndensite	(X)		address to wi	hich approved	copy of this fo	rm is to be se	mt)	
ridian Oil Inc.							gton. NM			
ms of Authorized Transporter of Casinghead Gas or Dry Gas			Gas 🔚	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899. Bloomfield. NM 87413						
as Company of New M well produces oil or liquids,	lexico Sec.	Twp.	Ree	lis gas actually			When?			
e location of tanks.	1 1	i	<u> </u>			i				
nis production is commingled with	that from any other leas	e or pool, gi	ive commingi	ing order numi	er:					
COMPLETION DATA	loa	Weli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet	ion - (X)	wen i	Car well	I HEM WELL	WOLKOVE	Dechen	Find Dates	Same Res		
e Spudded	Date Compi. Rea	dy to Prod.	*	Total Depth			P.B.T.D.			
OF BYD OF CO	None of Product	F		Top Oil/Gas	Pav		Tubing Dept	<u> </u>		
vations (DF, RKB, RT, GR, etc.)	Name of Product	ng ronnauo		:	- ,		Tubing Dept	п		
formions	· · · · · · · · · · · · · · · · · · ·						Depth Casing	g Shoe		
		VG G G	DIG AND	CT) CT) PT	IC RECOR					
HOLE SIZE				CEMENTING RECORD DEPTH SET SACKS CEMENT						
HOLE SIZE	CAGING	CASING & TUBING SIZE			E GRANDET					
TEST DATA AND REQ	UEST FOR ALL	OWABLE								
	fier recovery of total vo			be equal to or	exceed top all	lowable for the	is depth or be f	for full 24 hou	rs.)	
te First New Oil Run To Tank	Date of Test			Producing M	thod (Flow, p	ump, gas lift,	elc.)			
ength of Test	Tubing Pressure			Casing Press	re & 1		Choke Size			
agar or roa	ruoning riceanie	ruong riceane					>			
enual Prod. During Test	Oil - Bbls.			Water - wh		3 1991	CA-)ICF			
	!				M.AR.X	0 1331				
AS WELL chial Prod. Test - MCF/D	Transfer of Trans			Bbls, Conde		IN. DI	Gravity of C	ondensate		
CUBI PROL TER - MCF/D	Length of Test			BOIL COLOR		T. 3	, J.L., J.		ı	
sting Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			ure (Shut-in)		Choke Size		,	
L OPERATOR CERTI			NCE			NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and Division have been complied with			ve	∥ '					J. 1	
is true and complete to the best of		-		Date	Approve		MAR 1 3	1991		
And .	1/1 hour	9 111		Dale	, While	···	<u> </u>) ,		
MALL	num	44	<u> </u>	By_		Bick	L) <i>O</i>	u{		
eslie Kahwajy	* Product	t G n G n	alyst	-, -		SUPER	VISOR DI	STRICT	13	
Printed Name	EOE 20	Title		Title						
3 <u>/8/91</u>	505-326	5-9/00 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.