Submit 5 Copies
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 Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	HEQU	TO TRA	JH AL	LOWA! DRT OII	BLE AND I AND NA	AUTHOR	ZATION				
Operator Doycon Enorgy Company	TO TRANSPORT O Gy Corporation (Nevada)					HOHALG		API No.			
Address Address				3004505301							
1500 Mid-America Towe	er, 20 N	. Broad	dway,	Oklai	noma Cit	v. OK 7	3102				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change in Transporter of:											
Recompletion	Change in Operator Name Effective										
Change in Operator	Oil Casinghea		Dry Gas Conden		Ju	ıly 1, 19	92				
If change of operator give name and address of previous operator Hond	io Oil &	Gas Co	o., P	. O. E	3ox 2208	, Roswell	NIM (20202			
II. DESCRIPTION OF WELL					2200	/ NOSWEI.	L, IMM 6	38202			
Lease Name	Well No. Pool Name, Inclu-					ling Formation Kind			of Lease Lease No.		
Graham Federal WN	l Ballard F				.C. Gas State			, Federal or Fee			
Unit Letter C	:	790	Feet Fre	om The N	orth_Lin	e and185	<u>0</u> F	ect From The	Vest	Line	
Section 24 Townsh	, NMPM. Sa			n Juan County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										County	
Name of Authorized Transporter of Oil	TORTE	or Condens	LANI	NATU	RAL GAS	ie address to wi	ich approve	d compactible for	 		
Name of Australia 18											
El Paso Natural Gas	nghead Gas or Dry Gas X			Address (Give address to which approved			copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.				Rge.	P. O. Box 990, Farmin						
		1		i	77			5/7/57			
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	ool, give	: comming!	ing order numb	er:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Date Spudded	Date Comp	I. I. Ready to :	Prod.		Total Depth					<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								Deput Casing on	ж		
HOLE SIZE	TUBING, CASING AND								· · · · · · · · · · · · · · · · · · ·		
HOLE OILL	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after r.	ecovery of total	al volume of	load oil	and must b	be equal so or	exceed top allo	vable for this	death ambe for fu	H-2 dark gerr		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, e.)										
Length of Test	Tubing Pressure				Casing Pressur	rn.		IV!	A co Size		
Actual Prod. During Test					- The second of			JÜL 0 2 1992 i -			
Methat From During Test	Oil - Bbls.				Water - Bbls.			OIL CON. DIV.			
GAS WELL	<u> </u>					·				DIV.	
Actual Prod. Test - MCF/D	Length of Test				Bbls, Condensate/MMCF			Cravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			orarity of Condensate			
reading intented (public, back pr.)								Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	IANIC								
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1						
mm) / A					Date ApprovedJUL_02 1992						
Signature Signature					Original Street L. CHARLES CHOLCON						
Signature J/ M. Duckworth Operations Manager					Ву						
Printed Name Title 6/30/92 405/235-3611					Title	DEPLITY OF	L E GAC H	NSPECTOR, DIST	2 44		
Date Date	17.50			I WH. V(3)	- 77						
CARLOT NOT BEEN AND THE PERSON OF THE PERSON OF HER PROPERTY.	Section Control	and the second second second	one 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.