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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 I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III

TRICT III O Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWABLI	E AND	AUT	THORIZA	TION				
							ell API No.			
ant Exploration & Production Company				30-045-05423						
France Employer		_								
dress P.O. Box 2810, Farmingt	ton, New Mexi	.co 87499	T 0	ther (P	lease explain)				
ason(s) for Filing (Check proper box)	Change in Tr		۔ ب							
w Well 📙 🐰	Oil 🔲 D	ry Gas					ive July	1 100	ın	
completion		condensate				Effect	ive july	87499		
hange of operator give name address of previous operator Hixo:	n Development	Company, I	2.0. E	3ox	2810, F	armingu	JII, 14.111			
address of previous operator								T	se No.	
DESCRIPTION OF WELL A					mation Kind of Le State, Fede			Casc		
case Name Central Bisti Unit	1 1	Bisti Lov	er Ga	11u	Р	5 5 t s	ate	1 5-02	2.1	
ocalion					1000	.	From The <u>e</u>	ast	Line	
Unit LetterA	:9901	Feet From The _no1	cth_I	Line at	od	I-cc	Prom the 22			
						San Jua	n		County	
Section 16 Township										
T DECICALTION OF TRANS	SPORTER OF OF	L AND NATUR	AL GA	S_	ddeare to wh	ich approved	copy of this for	n is to be ser	и)	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Anderess (Give address to which a post of Authorized Transporter of Oil X or Condensate PO Box 256, Farm						arminoto	on. NM ö	499		
Giant Refining						ich approved	copy of this for	m is to be set	ন)	
lame of Authorized Transporter of Casing	head Gas X		PO	Ross.	4990	Farming When		87499		
El Paso Natural Gas	Company Unit S∞.	Twp. Rgc.	Is gas ad	tually	connected?	When	7			
well produces oil or liquids, we location of tanks.	i i	<u> </u>	ү	es_						
this production is commingled with that I	from any other lease or	pool, give commingli	ng order	numbe	r:				_,	
V. COMPLETION DATA	Oil Well				Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	i			J]			
	Date Compl. Ready to	Prod.	Total De	epth			P.B.T.D.		_	
Date Spudded			Top Oil	Gas P			Tubing Depti	h		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Name of Producing Formation			Tup 0.0 0== 1)					
			l				Depth Casing	ş Shoc		
Perforations		_					<u> </u>			
	TUBING	, CASING AND	CEME	И.П	IG RECO	<u> </u>		SACKS CEN	MENT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SE					
7.000										
			-				_			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE		Lines	exceed ton a	llowable for th	his depth or be	for full 24 hc	ж.)	
OIL WELL (Test must be after	recovery of total retain	e of load oil and mu	Produc	ing M	thod (Flow,	pump, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of Test						214 575			
	Tubing Pressure	Casing	Press	in 1	2 to 1	Chora				
Length of Test	, doing	Tuoing Tressure			1:1		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Water	- IIOM	"'` JU	6 193	10				
			CH COM I				VII			
GAS WELL		Rhis	Bbls. Condensate MMCF				Condensate	-		
Actual Prod. Test - MCF/D	Length of Test		/ Mis1. 9							
	Tubing Pressure (\$	Tubing Pressure (Shut-in)			sure (Shut-in)		Choke Siz	۵		
Testing Method (pitot, back pr.)	1,500.00									
OPERATOR CERTICIES	ICATE OF COM	MPLIANCE				NSFR	VATION	DIVIS	ION	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation I hereby certify that the rules and that the information given above				OIL CONSERVATION DIVISION JUL 0 6 1990						
				D-1	o Annro	ved	~~~			
is true and complete to the best of r	ny knowledge and belie			Da	e Appro	veu	1) 6	1) /	•	
() a l & sees a			_	By But I Grown						
Signature of L. Kuchera President				By SUPERVISOR DISTRICT #3						
Aldrich L. Kuchera	Pre	Title	-	Tit	e					
Printed Name JIJN 2 2 1990	(50)5) 326-3325	2		·					
2014		Telephone No.	- 11						فكالمستجدين	

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.
- All sections of this form must be filled out for anowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.