Submit 5 Copies
Appropriate District Office
DISTRICT J
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., Azlec, NM 87410

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_				BLE AND AUTHORIZ				·
I. Operator 11207	10	IHAN	SPOHT OIL	AND NATURAL GA		I'l No.		
J.K. EDWARDS ASSOC	IATES, 1	NC.				045-28	073	
Address					 ! :			'
1331-17TH STREET,	SUITE 71	10, D	ENVER, C					
Reason(s) for Filing (Check proper box)				Other (Please expla	in)			
New Well			ansporter of:					
Recompletion	Oil Casinghead Ga	-	ry Gas U					ł
				o pov 000 Est	DAT NOM	NAT A134	07400	
and address of previous operator NASS	AU RESOL	JRCES	INC., P	O BOX 809, FAI	RMINGTO	MN NC	87499	
II. DESCRIPTION OF WELL	AND LEASE	E			•			
Lease Name			ool Name, Includi	ng Formation 7/629	Kind o	(Leane		ase No.
COWSAROUND #21 39	38	1 B	ASIN (FR	UITLAND COAL)	XXXXX,	Federal ox Kel	NM-1	2028
Location					1 :			
Unit Letter A	: 680	Fo	ed From The N	ORTH Line and 6	80 Fe	et From The .	EAST	Line
0.1	26 NOD	n LI	12 WE	· cm	CAN	JUAN		_
Section 21 Township	, 26 NORT	R.	ange 12 WE	NMPM,	- JAN	UUAN		County
III. DESIGNATION OF TRAN	SPODTED (DE OU	AND NATH	DAL CAS	. '			
Name of Authorized Transporter of Oil		Condensal		Address (Give address to wh	ich approved	copy of this f	orm is to be se	nt)
,	L.J		<u></u>		•••			ſ
Name of Authorized Transporter of Casing	Jiead Gus [Dry Gas [X]	Address (Give address to wh	ich approved	copy of this f	orm is to be se	nt)
EL PASO NATURAL GÂ		an R	es.	PO BOX 4990.	FARMI	IGTON I	NM 874	99
If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp.			Is gas actually connected? When ?				ļ
give location of tanks.	1	L	l	NO				
If this production is commingled with that i	from any other le	ase or poo	ol, give comming	ing order number:				
IV. COMPLETION DATA		<u>.</u>						- C.2-2
Designate Tops of Completion		il Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion			<u></u>	Total Depth	L	15555	L	-J
Date Syndded	Date Compl. R	eady to 11	roa.	Total Depui		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Brodu	sina Com	atlan	Top Oil/Gas Pay		Tubing Dep		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								
Perforations	L			<u> </u>		Depth Casir	g Shoe	
• •								
	TUI	ING, C	ASING AND	CEMENTING RECOR	D			
HOLE SIZE	HOLE SIZE CASING & TUB			DEPTH SET		SACKS CEMENT		
•								
								·
				<u> </u>		<u> </u>		
V. TEST DATA AND REQUES								•
	ecovery of total v	volune of	load oil and must	be equal to or exceed top allo			for full 24 hou	n # 30 30
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pu	mp, gas lýl, e	(c.)		9 \$ ³
						Choke dize	<u> </u>	
Length of Test	Tubing Pressure		Casing Pressure		MAR1 9 1993		9 1993	
Actual Frod. During Test	Oil Bhis	Oil - Bbls.		Water - Bbis.		GII-MCEOIL CON. DIV		
Actual Flou. During Fest	Oil - Boil.				1.59		AL CO	N. DIY
CIAC IVELE	J			.1		 	DIS	T. 3
(IAS WELL [Actual Prod. Test - MCF/D	Length of Test			Ibbis. Condensate/MMCF		Gravity of	Condensate	
Actual Flore Test - MCF/D	Lengar or Test			Doin. Conscillation in Europe	٠.	1		·
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)	·	Choke Size	A CONTRACTOR OF THE PARTY OF TH		
			•					
VI. OPERATOR CERTIFIC	ATE OF C	OVADI	IANCE					
Thereby certify that the rules and regul				OIL CON	ISERV	ATION	DIVISIO	NC
Division have been complied with and					1			
is true and complete to the best of my				Data Approve	d 'M	AR 191	993	
J.K. EDWARDS ASSOC	CIATES,	INC.		Date Approve	u			
1 the Thinns					7	$\langle \wedge \rangle$	1	
Signature	i			By	مسد	7. 5%		
J. KEITH EDWARDS			SIDENT		SUPERV	ISOR DIS	STRICT #	3
Printed Name 3/17/93	3		iiile 98–1400	Title	<u></u>			
Date			ione No.	11				

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.