Submit 5.00 pies
Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hobbs, NM 88240 DISTRICE II P.O. Drawer DD, Anesia, NM 88210 State of New Mexico
Energy, Minerals and Matural 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., Aziec, NM 87410

I.			ALLOWAE PORT OIL							
PETROLEUM DEVELOPMENT CORPORATION					Well API No. 30-039-23071					
Addiess 9720 B Candelaria N	1.E. A1t	ouquero	ue, NM 8	7112		1020	- 1021-	0001	· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box)			·		es (l'Iease expl	ain)				
New Well	Chai	ng <u>e in</u> Tran	sporter of:) Ala	me Ch	cabo a	him "	SUNTEX	#	
Recompletion 571	Oil	Dry		100	me du	ruge o	70.70			
Change in Operator	Casinghead Gas		densate		·			····		
If change of operator give name and address of previous operator	ntex Energy	1 Corps	ration/	no\addre	es avail	able	2 pu	roil.	INC.	
II. DESCRIPTION OF WELL			· 	····	 	:				
Lease Name E1 Poso Ranch	Well	l No. Pool C	Name, Includi Mediyayen	ng Formation	DAtaz	Kind of State.	of Leane Federal of Fe		ane No.	
Location			· · · · · · · · · · · · · · · · · · ·	100	DAKOL			=_L		
Unit Letter <u>E</u>	:1824	Feet	From The	orth Lin	570) Fe	et From The	West	Line	
Section 26 Townshi		Rang	1E	. NI	MPM, Ric	Arriba			County	
DPER. Y NAME III. DESIGNATION OF TRAN	Change	only	5 105 S. L. A. 1910 11						•	
Name of Authorized Transporter of Oil	DELOCIER O	FOIL A	UTAN UN	KAL (IAS Address (Giv	e address to Wi	hich approved	copy of this I	orm is so be se	ni)	
Marian	Address (Give address to which approved copy of this form is to be sent) Box 838, Hobbs NM 88240									
Name of Authorized Transporter of Casin	ghead Cus	or D	ry Cas	Address (Gin	e address to wi	hich approved	copy of this f	form is to be see	nt)	
If well produces oil or liquids,	Unit Sec.	Twp	Rge.	is gas actually	y connected?	When	7		\	
give location of tanks.	<u> </u>									
If this production is commingted with that	from any other lea	se or pool,	give comming!	ing order numi	per:					
IV. COMPLETION DATA				1		· ·		·		
Designate Type of Completion	- (X) i	Well	Gas Weil	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Res	idy to Prod	•	Total Depth	L		P.B.T.D.	·	.l	
Elevations (IDF, RKB, RT, GR, etc.)	stions (DF, RKB, R1, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casin	ig Shoe		
	,				· · · · · · · · · · · · · · · · · · ·		<u> </u>		•	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLL SIZE										
······································										
V. TEST DATA AND REQUES	FOR ALL	DWABL	Ē				L		<u></u> l	
OIL WELL (Test must be after r			•	be equal to or	exceed top allo	wable for this	depth or be	for full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu					
Length of Test	Tubing Pressure			<u>C</u>		W P is	Choke Size			
<u> </u>	saving sterania			[L)"E	CEI	AFIL	1			
Actual Prod. During Test	Oil - Bbls.			Wate			Jas- MCF			
CIAR TURE	<u> </u>	·		<i>F</i>	UG3 0 K	1 40	<u> </u>			
GAS WELL Actual Frod. Test - MCF/D	Length of Test	······································		BUL COLL	CON.	DIV	- 31		•••	
	~~~ B41 W 1534			per Calcel	DIST.	3	Gravity of C	.ondensate		
lesting Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Press		***************************************	Choke Size	·	<del></del>	
VI OUED ATON CENTURE	 			 	·	······································	<u> </u>			
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regul	VIE OLCO	MPLIA	NCE	(		ISEDV	ATION	DIVISIO	 \Al .	
Division have been complied with and	that the informatio	n elven abo	) )Y <b>e</b>		JIL OUN	IOEN V		DIAIOIÓ	AL .	
is true and complete to the best of my i	unowledge and beli	ieľ.		Date	Approve	4 6	EP 0	K 1000		
Sim O	hhaara			Daie	• •		,			
Signature C. Johnson	Production	m Mana	laer	By_	Orig	inal Signed	by CHARLE	S GITULSUM		
Printed Name	<del></del>			1	, ^	· • • • • • • • • • • • • • • • • • • •				
8_20_00	505 293	4044	•	Title	UEPUT	TUIL & GAS	s inspecto	K, DISI.#3		

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.