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Appropriate District Office
DISTRICT J
P.O. Box 1986, 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

DISTRICLII P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741	0 DEOUECT (	TOD ALLOWA	DIF AND AUTHOR	117 1 TIOL		
1.			ABLE AND AUTHOR IL AND NATURAL (			
Operator		ANSFORTO	IL AND NATURAL (		API No.	
Petroleum Development Corporation					-039-2	3275
9720 B Candelaria	N.E. Albuque	rque, NM 871	112			
Reason(s) for Filing (Check proper box	)		Other (Please ex	plain)		
New Well		in Transporter of:		0	6	4-5
Recompletion	Oil _	Dry Gas	NAME Change	r Fronu	DUNTEX -	
Change in Operator k	Casinghead Gan	Condensate				
If change of operator give name and address of previous operator	Suntex Energy	Comparation	1. No address av	ailable	Spur &	Oil, Itc.
II. DESCRIPTION OF WELL		15			\ 	
El Poso Ranch	Well No.	Fool Name, Includ	TA WC DAKO	Kind State	of Lease Federal or Fee	Lease No. none
Location		1 544 844 644	TO DAILO	i de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra	T COCIAI OI 1 EE	
Unit Letter K	. 2004	Food France 72.	South Line and 2310	_	v	lest
					et From The	Line
Section 11 Towns	thip 28N	Range 1E	, NMPM, R	io Arrib	l	County
OPCU. 4 NAME III. DESIGNATION OF TRA	NSPORTER OF W	IL AND NATE	IRAL GAS			• •
Name of Authorized Transporter of Oil	(X) or Conde	nsale	Address (Give address to x	vhich approved	conv of this form i	s to be sent)
Methoden	Box 838/ Hobbs NM 88240/					/
Name of Addiorized Transporter of Casi	inghead Gus	of Dry Gas	Address (Give address to H	hich approved	copy of this form i	s to be seru)
If well produces oil or liquids, give location of tanks.	Unit Sec	Twp. Rge.	Is gas actually connected? When 7			
If this production is comminuted with the	t (mm anu silma lanca an	<u> </u>				
If this production is commingled with the LV. COMPLETION DATA	it trom any contex leave of	poor, give comming	ling order number:	·		
	Oil Well	Gas Weil	New Well   Workover	J		
Designate Type of Completion	1 - (X)	1		Deepen	Plug Back   Sam	e Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth	_l	P.B.T.D.	
Elevations (I)F, RKB, RI, GR, etc.)	Name of Producing Pe		Top Oil/Cas Pay			
	Traine of Froducing Pe	muuon	Top Old Gas Fay		Tubing Depth	
Perferations					Depth Casing Shoe	
	TUBING,	CASING AND	CEMENTING RECOR	RD.	· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE				
			be equal to or exceed top all	awabla for this	dough on he Con Col	/ 2/ 1 1
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pr	emp. gas lili, el	c.)	1 24 nours.)
			,	1,0 - 3,0		
Length of Test	Tubing Pressure		Casing Thurd C	WE	Ake Size	
Actual Frod. During Test	01 51				H 11	
Actual Frod. During 1881	Oil - Bbls.		MCF AUC 2 A 1000			
GAS WELL			AUG 3 (	DEED (		
Actual Prod. Test - MCP/D	Length of Test	<del></del>		VIQ.V		
	Congul Of Test		DIST. 3		Gravity of Conden	sale
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pressure (Shut-in)		78	
	a comment			. •	Choke Size	
VI. OPERATOR CERTIFIC	'ATE OF COM	LIANCE			·	
I hereby certify that the rules and const		FIVILLE	OIL CON	ICEDVA	TION DIV	101011

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Date

Signature Jim C. <u>Johnson</u> Printed Name 8-29-90 505 293 4044 DIL CONSERVATION DIVISION

Date Approved SEP 0 5 1990

Original Signed by CHARLES GHOLSON By

DEPUTY Oil & GAS INSPECTOR, DIST. #8 Title

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.