Appropriate District Office P.STRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Kesources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

Keymed 1-1-59 See Instructions M Betters of Page

	REQUI	'A TD AI	NODO	RT OIL	AND NA	TURAL G	AS				
nemics							Well	PNo.			
lobil Producing TX. & N.M.	. Inc., Thru	its Age	nt Mo	bil Expl	. & Prod.	U.s. Inc.					
	Texas 79	702				(81)	1-1-1				
mace(s) for Filing (Check proper box)		-	*	of:		ME Please EXP	(dua) OIL/CONDE	NSATE GA	THER TO C	2ADY	
rw Well		Change in T	Dry Cas	erou:			NERGY COF				
scompletion	Oil Casinghead	_	Condense								
hange in Operator Library of operator give name	California (<u> </u>									
address of previous operator											
DESCRIPTION OF WELL	L AND LEA	SE									
Asse Name	Well No. Pool Name, Inchi				Que			of Lease Indian Lease No.			
Ramenta, Eta	11	1	Bas	in Da	kota_				IND	-846	
ocation				_		. 14	ΓΛ 5	et From The	C	Line	
Unit Letter	:145	50	Feet From	n The	<u> Fi</u>	e and14	<u> </u>	etrom ine			
Section 13 Towns	nip 27N		Range	9W	, N	мрм,	San Jua	r		County	
I. DESIGNATION OF TRA	INSPORTE	R OF OI	L AND	NATU	RAL GAS					- 	
ame of Authorized Transporter of Oil	X	or Condens	inte [Address (Gi		vhich approved				
Gary-Williams Ene	ary-Williams Energy Cor.					Rep. Pl., 370 17St, Ste., 5300, Den. CO., 802 Address (Give address to which approved cupy of this form is to be sent)					
iams of Authorized Transporter of Cas El Paso Natural G			or Dry G	es X	1		2. El I				
f well produces oil or liquids,		Sec.	Twp	Ree.		ly consected?			rexas /	99/8-	
ive location of tanks.	1	i					i				
this production is commungled with th	ust from any other	er lease or p	oool, gave	comming	ing order sun	nber:					
V. COMPLETION DATA								·		- <u> </u>	
Designate Type of Completion	on - (X)	Oil Well	Ca	s Well	New Well	i	Deepen	Plug Back	Same Resiv	Diff Resiv	
Date Spudded	Date Compl	i. Ready to	Prod.		Total Depth			P.B.T.D.			
Sevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erfonstions					<u>!</u>			Depth Casi	ng Shoe	<u>.</u>	
					CT: (C) T	NIC DECO					
	Т	TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
	646		DING SI	ZE		02, 11, 02	`	†			
HOLE SIZE	CAS	3110 0 10			ì						
HOLE SIZE	CAS	3110 110									
HOLE SIZE	CAS	XII 0 1 1 0									
TEST DATA AND REOU	FST FOR A	LLOWA	BLE			erceed too a	llowable for th	is depth or be	e for full 24 ho	σ:)	
V. TEST DATA AND REQU DIL WELL (Test must be afte	EST FOR A	LLOW A	BLE of load oi	l and must	be equal to a	w exceed top a Nethod (Flow,	llowable for th	is depth or be	s for full 24 hos	σ:.)	
V. TEST DATA AND REQU DIL WELL (Test must be after	FST FOR A	LLOW A	ABLE of load oil	l and must	be equal to o	w exceed top a Method (Flow,	llowable for th pump, gas lift,	is depth or be	s for full 24 hou	σs.)	
TEST DATA AND REOU	EST FOR A	LLOW A	ABLE of load oi	I and must	be equal to o	Method (Flow,	llowable for th pump, gas lift,	is depth or be etc.)	i for full 24 hou	øs.)	
TEST DATA AND REQUIL WELL Test must be after Date First New Oil Run To Tank	EST FOR A er recovery of tot Date of Tes Tubing Pres	LLOW A	ABLE of load or	l and must	Producing N	Aethod (Flow,	llowable for th pump, gas lyt,	CH-MCF	IAE	or.)	
TEST DATA AND REQUIL WELL (Test must be after Date First New Oil Run To Tank Leagth of Test	EST FOR A er recovery of tol Date of Ten	LLOW A	ABLE of load oi	l and must	Producing Pres	Aethod (Flow,	llowable for th pump, gas lift,	CH-MCF	1 1990	(r.)	
TEST DATA AND REQUIL WELL Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	EST FOR A er recovery of tot Date of Tes Tubing Pres	LLOW A	ABLE of load or	and must	Producing Pres	Aethod (Flow,	llomable for the pump, gas lift,	CH-MCF	IAE	(i.)	
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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) Senarate Form C-104 must be filled for each nool in multiply completed wells.

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