Submit 5 Copies
Appropriate District Office
DISTRICT I
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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1(xa) R to Brazos Rd., Aziec, NM 87410

II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. BAS IN DAKOTA (PRORATED GAS) State, Federal or Fee Lease No. MARTIN GAS COM C 1 BAS IN DAKOTA (PRORATED GAS) Unit Letter K 1650 Feet From The FSL Line and No. Section 11 Township 27N Range 10W NMPM, SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate TABLE TO BE SECTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Caunghead Gas or Dry Gas X Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) MERT DIAN GIT THE TOWN OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Caunghead Gas or Dry Gas X Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) MERT DIAN GIT THE TOWN OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Caunghead Gas or Dry Gas X Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) Addites (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give a	I.	REQUEST FO	OR ALLOWAS ANSPORT OIL							
Address P. O. BOX 800, DENVER, COLORADO 80201 RESSON(3) for hims (Check proper box) New Well Change in Transporter of Change in Transporter of Topy Gas Condensate X Change in Operator Casinghead Gas Condensate X Condensate	•									
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Length of Test Tubing Pressure Casing Pressure Casing Pressure	Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			7	
Actual Prod. During Test Oil - Bbls. Water - Bbls. C Cas-MCF	Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbis.		받		- 12	1.	
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GAS WELL	_			T90		J.	Terretain	311/		
Actual Frod. Test - MCF/D Length of Test Bbis. Condensate/MMCF OIL Contains	Actual Prod. Test - MCI/D	Length of Test	Length of Test			Bbls. Condensate/MMCF OIL			*	
Feating Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	Testing Method (pitot, back pr.)	Tubing Pressure (Shul-	Casing Pressu	re (Shut-in)		DIST. 3				
VI. OPERATOR CERTIFICATE OF COMPLIANCE	VI ODED ATOD CEDTIE	EICATE OF COMP	LIANCE	<u> </u>			1			
Thereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION				(DIL CON	ISERV			N	
Division have been complied with and that the information given above	Division have been complied with and that the information given above				0.400					
is true and complete to the best of my knowledge and belief. Date Approved	is true and contiplete to the best of my knowledge and belief.				II OUL ""					
D.H. Shley 3 and down	D.H. Skly				3 N A.					
Signature Doug W. Whaley, Staff Admin. Supervisor SUPERVISOR DISTRICT 13	Signature Ultra Lot C	taff Admin. Sune	ervisor	By_		SUPER	VISOR DIST	TRICT	/ 3	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

June 25, 1990 Date

 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

303-830-4280 Telephone No.

- 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.