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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

HAMMOND WN FED 7 BLANCO MESAVERDE State, Federal or Fee SFC Location Unit Letter B 790 Feet From The NORTH Line and 1450 Feet From The Section 35 Township 27N Range 8W , NMPM, SAN JUAN III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Or Condensate P 0 BOX 4289 FARMINGTON, NM 87401 Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY P 0 BOX 4990, FARMINGTON, N.M. 87499 If well productes oil or liquids, B 35 27N 8W YES If this production is commingled with that from any other lease or pool, give commingling order number:	County
Address 1816 E. HOJAVE, FARMINGTON, NEW MEXICO 87401 Resson(s) for Filing (Check proper box)	O78480 T Line County
Resonancia for Filing (Check proper box) Resonancia for Resonancia for Resonancia for Fee for Form for Fee	O78480 T Line County
New Well Change in Transporter of: Casinghead Gas Dry Gas EFFECTIVE 10/01/90	O78480 T Line County
Recompletion Oil Ory Gas Cannethed Gas Condensate FFECTIVE 10/01/90 If change of operator give same and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lesses Name HAMMOND IAN FED Vell No. Pool Name, including Formation HAMMOND IAN FED Township North Read of Research Condensate Name HAMMOND IAN FED Township North Read of Research Condensate Name Unit Letter B 790 Feet From The NORTH Line and 1450 Feet From The EAST Section 35 Township 27N Range 8W NMPM, SAN JUAN III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Austhorized Transporter of Oil Office Name of Austhorized Transporter of Casinghead Gas Company HERIDIAN OIL COMPANY P 0 BOX 4289 FARMINGTON, MM 87401 Name of Austhorized Transporter of Casinghead Gas Company If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas setually connected? When ? yes location of tanks. B 35 27N 8W YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevanous (DF. RKB. RT. GR. stc.) Name of Producing Formation TUBING, CASING AND CEMENTING RECORD	O78480 T Line County
Change in Operator	O78480 T Line County
If change of operator give same and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lesse Name HAPPOND WIN FED 790 Feet Prom The Section 35 Township 27N Range 8W NORTH Line and 1450 Feet From The Section 35 Township 27N Range 8W NORTH Line and 1450 Feet From The Section 35 Township 27N Range 8W NORTH Line and 1450 Feet From The Section 35 Township 27N Range 8W NORTH Line and 1450 Feet From The Feet From The Section 35 Township 27N Range 8W NORTH Line and 1450 Feet From The Feet From The Section 35 Township 27N Range 8W NORTH Line and 1450 Feet From The Feet From The Section 35 Feet From The Section 35 Feet From The Section 36 Feet From The Section 37 Feet From The NORTH Line and 1450 Feet From The Feet From The Feet From The Section 35 Feet From The Feet From	O78480 T Line County
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TUBING, CASING AND CEMENTING RECORD	
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V. TEST DATA AND REQUEST FOR ALLOWABLE	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hour Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	
	3.)
Length of Test Tubing Pressure Cusing Pressure	3.)
Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas-MCF	3.)

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

GAS WELL

Actual Prod. Test - MCF/D

Testing Method (puot, back pr.)

RICK RENICK PROO SUPERVISOR Printed Name Title 505)325-7527 Date

OIL CONSERVATION DIVISION

Choke Size

Bois Conden 21 MMCON. DI

Casing Pressure (Shut-in)

DIST. 3

Date Approved SUPERVISOR DISTRICT #3 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.

Tubing Pressure (Shut-in)