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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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	Ţ	OTRA	NSP	ORT OIL	AND NA	TURAL G					
perator								Well API No.			
R & G DRILLING COMPANY						30-045-23579					
Address c/o Walsh Engr. P. O. Drawer 419		-		rr Morris	<u> 87499</u>						
Reason(s) for Filing (Check proper box)	Faim.	THREON	L, NE	M DEXT	Othe	t (Please expl	ain)	-			
New Well	(	Change in	•					om Will:			
tecompletion	Oil	(L)	Dry Ga	_	to R &	G Drill	ling Com	pany ef	tective	8/1/89	
change in Operator 4 change of operator give name	Casinghead		Conden								
nd address of previous operator W:	illiam (	C. Rus	sell	3109	Mesa Dr	. Farmi	ington,	N.M. 874	401		
I. DESCRIPTION OF WELL	AND LEA	SE									
ease Name Hammond	Well No.   Pool Name, Including   92   Otero Cha							t of Lease Fed Lease No. p, Federal or Fee NM-03603A			
Location O Unit Letter	. 103	14	Feet Fr	om The	S Line	and19	980 Fe	et From The	E	Line	
Section 25 Township	27N 011				, NMPM, San Ji						
II. DESIGNATION OF TRAN				D NATU	RAL GAS	• address to	high approve	copy of this fo	orm is to be se		
Name of Authorized Transporter of Oil		or Conden	216		Address (Cin	e adabess to w	nach approved	copy of mas je	<i>**</i>	· <b>-</b> /	
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
	El Paso Natural Gas Company					P. O. Box 4990 Farmington, N.M. 87499  [s cas actually connected?   When?					
well produces oil or liquids, Unit Sec. ve location of tanks.				Rge.	Is gas actually	y connected? Yes					
this production is commingled with that	from any other	r lease or	pool giv	e comminal	ing order numi	er:	1				
V. COMPLETION DATA	nom any one	. , , , , , , , , , , , , , , , , , , ,	poor, ga	o constant							
	440	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Deadu te			Total Depth			P.B.T D.	1	_L	
Date Spudded Date Compi. Ready to Prod.					102 Depar			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>							Depth Casin	ig Shoe		
<del></del>	т	HRING	CASI	NG AND	CEMENTI	NG RECOR	SD.				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
					ļ			<del></del> -			
	<del> </del>										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE		<u> </u>		<del></del>				
OIL WELL (Test must be after	recovery of 100	tal volume	of load	oil and musi	be equal to or	exceed top al	lowable for th	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Tes	1			Producing M	ethod (Flow, p	ownp, gas lift,	eic.)			
Length of Test	gth of Test Tubing Pressure					ne		Choke Size	Choke Size		
Longar Or 10a	I doing t icesure										
ual Prod. During Test Oil - Bbls.					Water - Bbls			Gas- MCF			
					<u> </u>				<del></del>		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	or.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE			NOEDV	/ATIONI	DIVICI	ΩNI.	
I hereby certify that the rules and regu					1		NOEHV	'ATION SEP 1		אוכ	
Division have been complied with and is true and complete to the best of my			ven abov	<b>'</b> C				JET 1	∠ 130 <b>3</b> •		
FOR: R & G DRILLI		ANYORI (	INAL	SIGNED F	. 11	Approvi	<del>بر</del> 80	1) 6	trans	<u></u>	
		EV	VELL 1	I. WALSH	l H				X	.m # #	
Signature Ewell N. Walsh		Agent			∥ By_		SUPE	RAISTON	DISTRIC	1#3	
Printed Name			Title		Title						
9/12/89	505 32		_		11116	·					
Dute		Te	lephone	No.							

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.