Submit 5 Copies Appropriate District Office DISTRICT J 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

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICTION e Rd - Aziec, NM - 87410 Santa Fe, New Mexico 87504-2088

1	REQ		OR ALLOW/ NSPORT O							
Falcon Seaboard Oil	Compan				Well API No. 3003924673					
Addiess Five Post Oak Park,	Suite	1400, H	ouston, Te	exas 7702	as 77027					
Reason(s) for Filing (Check proper bos) New Well Recompletion Change in Operator	Oil Casingher		Transporter of: Dry Gas Condensate	Oi	ther (Please exp	lain)			· · · · · · · · · · · · · · · · · · ·	
If change of operator give name and address of previous operator Fall	con Sea	board G	as Company	y, 5 Post	Oak Par	k, Suite	1400, Ho	uston,	TX 77027	
II. DESCRIPTION OF WELL Lease Name	AND LE	1	Pool Name Jestus	dina Farmatia				· ·		
29-4 Carson 28				-	-			of Lease Lease No. Federal or NEX NMNM18327		
Location Unit LetterK	. :19	05	Feet From The _	South Li	160		≈t From The	West	Line	
Section 28 Township	29N	1	Range 4W			Arriba	~		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF OIL		JRAL GAS	1	hich approved	copy of this form	is to be se		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Northwest Pipeline Corporation				Address (Give address to which approved copy of this form is to be sent) 295 Chipeta Way, Salt Lake City, UT 84158						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? K 28 29N 4W Yes 10-15-90						90			
this production is commingled with that to V. COMPLETION DATA	rom any oth	er lease or po	ool, give comming	ling order num	iber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spaidded	Date Compl. Ready to Prod.			Total Depth	J.,	<u> </u>	P.B.T.D.		J	
evations (DF, RKB, RI, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay Tubing Depth						
Perforations					Depth Casing Shoe					
	Ţ	UBING, C	ASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		SING & TUB		DEPTH SET			SACKS CEMENT			
TEST DATA AND REQUES OF WELL Test must be after re			•				1			
te First New Oil Run To Tank Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, purperty and yellow)						
Angth of Test	Tubing Pressure			Casing Pressure Choke Si						
Actual Fred, During Test	Oil - Bbls.		······	SEP 0 9 19911 Water - Bbls Gas- MCP						
				CON. DIV.						
GAS WELL Actual Prod. Test - MCF/D	Length of T	esi		Bhls Conden	Isate/NANC'E	DIST_13				
esting Method (pitot, back pr.)		sure (Shut-in		Bbls. Condensate/MMCF Casing Pressure (Shul-in)			Gravity of Condensate			
					ire (Shut-in)		Choke Size			
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION Date Approved SEP 0 9 1991						
Kaved 3. Le Leng										
Signature David E. LeLeux Petroleum Engineer Printed Name Titte				Title SUPERVISOR DISTRICT #3						
8-30-9] (713) 622-0055 Date Telephone No.				Title					<u></u>	

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.