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

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

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

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

Santa Fe, New Mexico 87504-2088

1.	HEQ	JEST FO TO TRA	OH ALLOW NSPORT (	VABLE AND AUTHO OIL AND NATURAL	ORIZATION	4	
Operator						API No.	· · · · · · · · · · · · · · · · · · ·
Address Produ							
Reason(s) for Filing (Check proper box) New Well	Stre		Farmir	Other (Please	874 ( explain)	0 Î	
Recompletion []	Oil		Transporter of: Dry Gas	] Effective	4-1-89		
Change in Operator	Casinghea		Condensate \$				
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LE	ASE					e de la companya de l
Lease Name  Gallegos Conyon United to Location	wen ivo. [Pool Name, Inch					d of Lease e, Federal or Fee	Lease No.
Unit Letter	_:_17-	70		SLine ands	24.00		
Section 13 Townsh					_		Line
				BW , NMPM,	San_	Juan	County
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	VSPORTE	R OF OII or Condens	nta	URAL GAS	a which are		
Meridian Oil loc				Address (Give achtress to which approved copy of this form is to be sent) P.O. Box 4289, Facmington NM 87499 Address (Give achtress to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Managed Production Co				topy of this form is to be sent			
If well produces oil or liquids, ive location of tanks.				ge. Is gas actually connected	th St. 1	tarming-ton	NW 81701
f this production is commingled with that	from any other	er lease or p	DAN   13U 1201, give commin	)   ngling order number;			
V. COMPLETION DATA	·						
Designate Type of Completion	on - (X)   Oil Well   Gas Well			New Well Workover	Deepen	Plug Back   Same F	Res'v Diff Res'v
Date Spudded	Date Compl	. Ready to I	I	Total Depth	l	P.B.T.D.	
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation Perforations				Top Oil/Gas Pay		Tubing Doub	
						Tubing Depth	
						Depth Casing Shoe	
	T	JBING, C	'ASING ANI	CEMENTING RECO	ORD		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTHISET		SACKS CEMENT	
						-	
. TEST DATA AND REQUES	 T FOR A	LOWAI	BLE				
II. WELL (Test must be after re	ecovery of tota	il volume of	load oil and mu	st be equal to or exceed top a	illonable for thi	is depth or be for full 2	A hours
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow,	pump, gas lift, i	elc.)	<u> </u>
ength of Test	Tubing Pressure			Casing Pressure		Choke Size	
ctual Prod During Test	Prod During Test Oil - Bbls.			Water - Ibbis		0	
				sauct - DOIF		Gas- MCF	
JAS WELL					· · · · · · · · · · · · · · · · · · ·	_l	<u>-</u>
ctual Prod. Test - MCI/D	Length of Test			lible. Condensate/MMCF		Gravity of Condensate	
sting Method (pitot, back pr.)	Tubing Pressure (Shut in)			Casing Pressure (Shut-in)	C.Tempa.on	Choke Size	
I ODED ATOD CEDTURA	100000					]	
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T	tions of the O	il Conservati	ion	OILCO	NSERV	ATION DIVIS	SION
is true and complete to the best of my knowledge and belief.				Date ApprovedAPR 11 1989			
(8) Shaul				Dato Approvi			
Signature				By			
13. D. Shaw Adm. Super Printed APR = 5 1989 (505) 325-8841				SISIGN DISTRICT # 3			
APR = 0 1909 (5	05) 32	5-884	L	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