Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOT	RANSP	ORT OIL	AND NA	TURAL G	AS_				
Operator					Well A			API No. -045-09477		
RODDY PRODUCTION COM	PANY, INC.	 -				30-	-045-0947			
Address P. O. BOX 2221, FARM	INGTON. NEW	MEXICO	n 87499-	-2221						
Reason(s) for Filing (Check proper box)	Indion, new	IIDATO	0 07433		et (Please expl	ain)				
New Well	Chang	e in Transpo	orter of:	_	•	·				
Recompletion	Oil	Dry Ga	15							
Change in Operator X	Casinghead Gas	Conder	nsate 🗌			·				
f change of operator give name nd address of previous operator	ADLEY H. &	MARGAR	ET N. KI	EYES TRU	IST					
• •										
I. DESCRIPTION OF WELL Lease Name		No. Bool N	Inme Includia	a Eormation		Kind c	f Lease	T te	ase No.	
PRICE	Well No. Pool Name, Including 1 AZTEC PIC						ederal or Fee FEE			
Location		1					 (
Unit Letter K	. 1550	Feet F	rom The	OUTH Line	e and 165	50 Fe	et From The	WEST	Line	
Section 17 Townsh	aip 30N	Range	11W	, N	MPM, SL	AN JUAN			County	
III. DESIGNATION OF TRAI	NCDADTED AL	OII AN	וו דיר אוא מוו	DAT CAS						
Name of Authorized Transporter of Oil		ndensate			e address to w	hich approved	copy of this for	m is to be se	nt)	
				,		••				
Name of Authorized Transporter of Casis	or Dry	Gas XX	Address (Give address to which approved copy of this form is to be sent)					nt)		
EL PASO NATURAL GAS	co.	 .		P. O. BOX 1492, EL PAS			O, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	ls gas actuali	y connected?	When	?			
If this production is commingled with that	t from new other leas	or root m	ve comminati	ng order sum	har					
IV. COMPLETION DATA	I from any other leas	e or poor, gr	Ae countinităti	ing order num						
	Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	i_		İ	İ	<u>i</u>			<u> </u>	
Date Spudded	Date Compl. Rea	dy to Prod.		Total Depth			P.B.T.D.			
	N 6 Destado	- F		Top Oil/Gas	Pav	 -	D 11			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil Gas Tay			Tubing Depth			
Perforations							Depth Casing	Shoe		
	TUBI	VG, CAS	ING AND	CEMENTI	NG RECO	SD CD				
HOLE SIZE	CASING	& TUBING	SIZE		DEPTH SE	<u> </u>	S	ACKS CEM	ENT	
		· · · · · · · · · · · · · · · · · · ·								
					·· ·-					
	<u> </u>						-			
V. TEST DATA AND REQUE	EST FOR ALLO	WABLE	<u> </u>	l				~ ~ ?	1 11 5	
OIL WELL (Test must be after	recovery of total vo	lume of load	l oil and must	be equal to of	r exceed top al	lowable for thi	s depth fo	Bull of the	s.) V (t	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	oump, gas lift, o	etc.)			
				<u> </u>			Choke Size	06T1	9 1993	
Length of Test Tubing Pressure				Casing Pressure			Choke Size	_		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	<u> </u>		Gas- MCF		لالنا بي	
Notice From Paring 1001	On Bois.							Dis	ST. 3	
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ondensate		
							1 2/11 mg, 11 mg,	neral profession and the con-		
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Press	sure (Shut-in)	<u></u>	Choke Size			
VI. OPERATOR CERTIFIC	CATE OF CO	MPLIA	NCE			NOEDY	ATION	11/101/	7 N I	
I hereby certify that the rules and reg	ulations of the Oil C	onservation			OIL CO	NOFHA	ATION [אפועונ	N	
Division have been complied with an is true and complete to the best of m			ve			1	OCT 19	1993		
19 The and complete to the best of III	, and redge and bei			Date	e Approv	ed				
Konnett S. X	oddy						\ \ \	/		
1 mour on C.	CIOCAL									
Signature_				∥ By_				<u>uny</u>		
Signature KENNETH E. RODDY Printed Name 10/18/93		ESIDENT Title		By_ Title		SUPER	RVISOR DI	STRICT	13	

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

Date

- 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.

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.