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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 Instruction

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	HEQUES TO	T FOR ALLOW/ TRANSPORT C	ABLE AND AUTHOF DIL AND NATURAL (	RIZATION	I		
O <del>perator</del> Meridian			THE COUNTY OF THE CO		API No.		
Address	4289, Farmingt	on Now Movie	07400				
Reason(s) for Filing (Check proper	r bax)	on, New Mexic	CO 87499  Other (Please exp	dai=)			
New Well Recompletion		ge in Transporter of:		nain,			
Change in Operator	Oil Casinghead Gas	☐ Condensate 🔀	   Effortion 11/1				
If change of operator give name and address of previous operator				/89			
IL -DESCRIPTION OF W	TELL AND FELCE	ton company,	P.O. Box 800, De	nver. C	olo. 8020	01	<del></del>
Lease Name	Well	No. Pool Name, Inclu	ding Formation	V:-	-47		
San Juan 32-9 Un	it 23		Mesa Verde	State	of Lesson SA Federal or Fee	SF 07	8509
Location Unit LetterF	. 1600		Nonth 340	0			0303
	:	Feet From The _	North Line and 149	<u></u> F	eet From The	West	Line
Section 5 To	ownship 31N	Range 9W	, <b>nmpm</b> , Sa	n Juan			County
III. DESIGNATION OF T	RANSPORTER OF	OIL AND NATU	URAL GAS				
Monidian Oil Turner of Oil			Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Y			P.O. Box 4289, Farmington, N.M. 87499  Address (Give address to which approved copy of this form is to be sent)				9
El Paso Natural Ga If well produces oil or liquids,			P.O. Box 990.	Farming:	ton. N.M.		
give location of tanks.	Unit   Sec.	Twp.   Rge   31N   9W	Is gas actually connected?	When		<u> </u>	
If this production is commingled with	h that from any other lease	or pool, give comming	gling order number:				
IV. COMPLETION DATA	<u> </u>						
Designate Type of Comple	etion - (X)	/eil   Gas Weil	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded	Date Compi. Read	y to Prod.	Total Depth	<u> </u>	P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth			
Perforations		, ,					
					Depth Casing S	hoe	
	TUBIN	G, CASING AND	CEMENTING RECOR	<u> </u>	<u> </u>		
HOLE SIZE CASING & TU		TUBING SIZE	DEPTH SET		SACKS CEMENT		
. TEST DATA AND REQ	LIEST FOR ALLOW	VADIE					
OIL WELL (Test must be a	fier recovery of total volum	V A.D.L.E. Se of load oil and must	be equal to or exceed top allo	unhie for this	denth or he for 6	idl 24 harm	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	np, gas lift, et	c.)		
igth of Test Tubing Pressure			Casing Pressure		Choke Size		
	Tabling Treatme		Comments		Cilote		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF	CHEC	N/A
GAS WELL					<del>- cu</del>		
Actual Prod. Test - MCF/D Length of Test			Bbla. Condensate/MMCF		Gravity of Cond	1	
	Method (pitot, back pr.)  Tubing Pressure (Shut-in)						
seuing menion (puor, oack pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size		
L OPERATOR CERTIF	TCATE OF COM	PLIANCE					
I hereby certify that the rules and n	egulations of the Oil Consu	-cation	OIL CON	SERVA	TION DIV	VISION	1
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Data 4		OCT 3 0 1989		
Seda K	) 	,	Date Approved				
Signature Pools	Mobild		By		321)	Il.	
Printed Name	ield - Regulato				UPERVISOR		ICT A2
10/28/89	(505) 326-970	Title 0	Title	ა ————		חוסוט ר	- F3
Date	<del></del>		I				

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.

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.