Submit 5 Copies 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 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | | San | | New Me | xico 87504 | 1-2088 | | | | | |
|--|---|------------------------------|---------------------|-------------|--|------------------------------|---------------------|---------------------------------------|----------------|------------|--|
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. | REQUI | EST FO | R ALL | OWAB | LE AND A AND NAT | UTHORIZ URAL GA | S | or No | | | |
| Operator | | | | | | Well API No. 30-045-24365 | | | | | |
| FLOYD OPERATING COMPANY | | | | | | 30-040-24000 | | | | | |
| 711 LOUISIANA, STE 1740, H | OUSTON, T | X 7700 | 2 | | Other | (Please expla | in) | | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name OBYY | Oil Casinghead | Gas 🔲 | Dry Gas Condensa | te 🗌 | | | | 880 | | | |
| and address or biorious obsesses | | | <u>Υ, Ρ.</u> ς |). BUX 4 | 2880. DAL | LAS. TX | 13221-6 | uuv | | | |
| II. DESCRIPTION OF WELL A Lease Name NEW MEXICO FEDERAL -N- | Well No. Pool Name, Including | | | | ng rommuon | | | Lease Lease No. ederal or Fee NMNM047 | | | |
| Location Unit Letter D | : 1000 Feet From The NOR | | | | RTH Line and 1120 F | | | eet From The WEST Line | | | |
| Section 18 Township | , 30 | N | Range | 12W | , NN | (РМ, | SA | N JUAN | | County | |
| III. DESIGNATION OF TRAN | SPORTE | R OF OI | L AND | NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil GIANT REFINING COMPANY | orized Transporter of Oil or Congeniate | | | | P.O. BOX 12999, SCOTTSDALE, AZ 85267 | | | | | | |
| Name of Authorized Transporter of Casing SUNTERRA GAS GATHERING | co. | | | | Address (Give address to which approved P.O. BOX 26400, ALBU | | | JQUERQUE, NM 87126 | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | 18 | Twp. 30N | 12W | <u> </u> | YES | When | | 23-81 | | |
| If this production is commingled with that IV. COMPLETION DATA | from any oth | er lease or j | pool, give | commingl | ing order numb | per: | | | | | |
| | | Oil Well | G | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | - (X) Date Comp | l. Ready to | Prod. | | Total Depth | | L | P.B.T.D. | | .1 | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | <u> </u> | | | Depth Casing | Shoe | | |
| | 7 | TIRING | CASIN | G AND | CEMENTI | NG RECOR | UD | | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| NOCE OILE | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | ST FOR A | LLOW And volume | ABLE of load o | il and musi | be equal to or | exceed top all | owable for the | CAN | or full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Te | | <u> </u> | | Producing M | enion (v. 10m ' K | MAN AND WALL A LAND | 113 | l . | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure Water - Bbls. | | | Gloke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls | . E D | LON- | DIATE | | | |
| | | | | | 1 | C. | | .3 | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regu- Division have been complied with and is true and complete to the best of my | ilations of the | : Oil Conse ermation give | rvation | | | OIL COI | Į | ATION I | | NC | |
| Van 1 | 15 | ke | , | | ∥ By_ | | 3. | i) el | { | | |
| Signature JOHN N. BLACK | | EXE | C. V.P | · | | | SUPER | VISOR DIS | STRICT | #3 | |
| Printed Name | | (740) | Title | .07E | 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.

(713) 222-6275 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.

Date

12-11-82

