Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

rorm C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Santa Fe, New Mexico 87504-2088

l.,	10	TUNIN	SPUNI UIL	AND NA	UNAL GA					
Operator Wel							API No. -045-25025			
Robert C. Dintelman 30							-047-73077			
3109 Mesa Drive, Fai	rmington N	M 8740	01 (505)							
Reason(s) for Filing (Check proper box)	Cha	nos in Tr	insporter of:	Othe	T (Please explai	in)				
New Well Recompletion	Oil		y Gas	Ef	fective A	April 1.	. 1993			
Change in Operator	Casinghead Ga	$\overline{}$	ondensate							
f change of operator give name und address of previous operator	Villiam C.	Russ	ell							
I. DESCRIPTION OF WELL	AND LEASE							,		
Lease Name	1	I .	ool Name, Includi Basin Dak			1	Kind of Lease State, Federal or Fee		Lease No. NM-09867-A	
Lunt		21	Dasin Dak	Ula			······································	11111-03	007-A	
Unit Letter0	: 1190	Fe	set From The	S Line	and152	0 F0	et From The	E	Line	
Section 18 Townsh	ip 30N	R	ange 1	an, WE	ирм,	San Ju	an		County	
III. DESIGNATION OF TRAI	JCDADTED (DE OII	AND NATE	DAI CAS						
Name of Authorized Transporter of Oil		Condensat		Address (Giw	e address 10 wh	ich approved	copy of this form	is to be se	nt)	
Giant Refining Comp							n NM 8749			
Name of Authorized Transporter of Casin			Dry Gas				copy of this form		nt)	
Gas Co. of New Mexi	<u>€0 <i>)UN/EY1</i></u> Unit S∞			ls gas actually		100mT1e When		13		
give location of tanks.	, ,		ON 13W	yes	COMPOSIT	•	unk.			
If this production is commingled with tha					er:					
IV. COMPLETION DATA	10	il Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		ii wen	l Cas Well	i	W GIROVEI	Despen				
Date Spudded	Date Compl. R	cady to Pr	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				_i			Depth Casing S	Shoe		
			ASING AND	CEMENTI		D	SA	CKS CEM	ENT	
HOLE SIZE	CASIN	GATUB	ING SIZE	-	DEPTH SET		34	CING OLIVI	LIVI	
				<u> </u>						
macon number to the production	CON DOD AT I	OWAT	OT IC				<u> </u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALL	JOWAI	SLE load oil and mus	t he equal to or	exceed top allo	wable for thi	s depih o <u>r b</u> e f <u>or</u>	full 24 hou	ES) som	
Date First New Oil Run To Tank	Date of Test	3,200		Producing M	ethod (Flow, pu	mp, gas lift, e	D) E C		YEM	
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			1 1 10	93 F	
Actual Prod. During Test				Water - Bbls.			MAY1 1 1993			
Actual Floor During Test	Oli - Bois.						DIST. 3			
GAS WELL								_		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	isate/MMCF		Gravity of Cor	densate		
Tosting Method (pivot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
	0.000	(A) (C)	TANCE	-\					····	
VI. OPERATOR CERTIFIC					OIL CON	ISERV.	ATION D	IVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					MAY 1 1 1993					
is true and complete to the best of my	knowledge and b	elief.		Date	Approve		141 T T 12			
1// - 11 1///9	10 1						\ d	/		
IMM XI. VIV WY					By Bir. Chang					
Kevin H. McCord			gent			SUPER	VISOR DIS	TRICT	# 3	
Printed Name May 10, 1993	505/3	25-69		Title						
Date		Teleph	ione No.							

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.