Submit 5 Copies
Appart:priate 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 Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSF	OHIOIL	ANU NA	URAL GA	<u> </u>	DI NI-		 1	
Openior G/EN A.	DeVilbis				§ Well A			0-45-27007			
Address 339 W.S. HWV64 NBY 3005 FARMING LON, N. M. 8740 Research for Filing (Check proper box) Other (Please explain)											
Reason(s) for Filing (Check proper box)					⟨✓	t (Please expla	ut)				
New Well		Change in	_	. —							
Recompletion	Oil Coringhau	_	Dry (Gas L							
Change in Operator	Casinghea				1 6 1	208	. h l 4 :	P -	-// 4/48	OB A-A	
If change of operator give name MANZAND OIL CORPORATION P.O. BOX 2104 ROSWELL, NM 88305- and address of previous operator MANZAND OIL CORPORATION P.O. BOX 2104 ROSWELL, NM 88305- 2107 II. DESCRIPTION OF WELL AND LEASE											
Lesse Name	Well No. Pool Name, Including				ng Formation Ki			ind of Lease		ase No.	
WILD SWEDE					GALL	4P	State,	Federal or Fe	リド	EE	
Unit Letter	: 17	80	Feet	From The <u>W</u>	oRth Line	and 66	<u>О</u> Fe	et From The	EAST	Line	
Section 6 Township 30 N Range SW , NMPM, SANJUAN County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Number of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
GARY ENERGY TR	PANSL	1	tic	N/	I C	AD 4990	BLoo	MFIELD	NM 8	7413	
Nems of Authorized Transporter of Casing				ry Gas		address to wh	ich approved	copy of this f	orm is to be see	nt)	
If well produces oil or liquids,	Unit, Sec. Twp. Rge.				is gas actually	connected?	When	?			
well produces oil or liquids, Unit Sec. Twp. we location of tanks.				NE							
If this production is commingled with that i	from any oth	er lease or	pool,	give comming!	ing order numb	per:					
IV. COMPLETION DATA							·		1		
Designate Type of Completion		Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
	T	UBING.	CAS	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							·	1			
V. TEST DATA AND REQUES	ST FOR A	LLOWA	ABL	E .			uunkla dan di	a dansk se ke	for full 2d Law	-e)	
OIL WELL (Test must be after r			of loa	d oil and must	be equal to or	exceed top allo ethod (Flow, pu	madle for the	s aepin or be	jor juli 24 houd	3.)	
Date First New Oil Run To Tank	Date of Te	SI.			From Cing Me	ыкы (<i>г ю</i> м, р и			e m m s	and the r	
Total	Tubia- D-	Tubing Program				ıre		Choke Size			
Length of Test	Tubing Pressure				Casing Press			1 4/4			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF() (CT 3 1991)			
GAS WELL					1				. CON.	DIV.	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	Bbis. Condensate/MMCF			Gravity of Conditions . 3		
								Challe 8%	Choka Siza		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		.,. <u>.</u>	
VL OPERATOR CERTIFIC	ATE OF	COME	PLL	NCE		NI 001	ICEDY	ATION	רוו יוכיר	\A i	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					OCT 0 3 1991						
is true and complete to the best of my	Date	Date Approved									
les a V) 11 71.						Δ					
Men U. De Vivere					By_	By Bin) Chang					
Signature 6/e N A DeVI 6/52 Printed Name Title					SUPERVISOR DISTRICT #3						
9-59-91 327-6660 Date Telephone No.											
					11						

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.