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

## State of New Minerals and Natural Resources Department

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

## 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, Ariesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	Т	OTRAN	SPOF	RT OIL	AND NA	TURAL GA						
21ST CENTURY INVESTMENT COMPANY 37576								API No.				
21ST CENTURY INVES	<u>C C.</u>	14		30.	-045-114	045-11417						
	Prod. armingt	_	. 8	7401								
Reason(s) for Filing (Check proper box)						er (Please expla			T			
New Well		Change in Tr	ansporte ry Gas	t ol:		Address		_				
Recompletion	Oil Casinghead	_	ry Cas ondensai		214	5 E. 27t	LII St.,	luisa,	OK 741.	L <b>4</b>		
Change in Operator						1 0	0	/ 00 m	1 077	7/126		
and address of previous operator Grant						Street	, Suite	400, Tu	ilsa, UK	/4136		
I. DESCRIPTION OF WELL A	AND LEA	SE 102	175	510%	1027	530%	15601	550				
Lease Name	e, loctudio	g Formation			of Lease							
Navajo'"C" 150	lup, N	Iesa W	5690	1 -	Federal or	1 (4-/0-00)-384						
Location								Indian				
Unit LetterO	.:330	F	eet From	The	South Lin	2310	0 F	cet From The .	East	Line		
Section 14 Township	32N	R	ange	18W	, NI	мрм,	San Ju	an	· · · · · · · · · · · · · · · · · · ·	County		
III. DESIGNATION OF TRANS	SPORTEI	R OF OIL	AND	NATUE	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
	Name of Authorized Transporter of Oil Authorized Transporter of Oil Authorized Transporter of Oil						P. O. Box 256 Farmington, N.M. 87499					
Name of Authorized Transporter of Casing	25 <u> </u>	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids, give location of tanks. SE/4	Unit    SE/4		wp.   32N	Rge. 18W	ls gas actuall	y connected?	When	2 ?				
If this production is commingled with that f	from any other	r lease or po	ol, give	commingli	ng order num	ber:						
IV. COMPLETION DATA							-,		,			
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Rea'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
					Top Oil/Gas Pay							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Tob Oiloge	ray		Tubing Dep	Tubing Depth			
Perforations								Depth Casi	Depth Casing Shoe			
				0	OTC) (15) (TT)	NC DECOL	20	1	<del></del>			
		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT		
HOLE SIZE	L CAS	CASING & TUBING SIZE				DEF IN SET						
									· · · · · · ·			
	<del> </del>						·					
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE									
OIL WELL (Test must be after t	recovery of to	xal volume o	fload oi	il and must					for full 24 hou	urs.)		
Date First New Oil Run To Tank Date of Test					Producing N	lethod (Flow, p	oump, gas lift	"EGI	SINK	m		
	<u> </u>	·						Choke Size		<del>*                                      </del>		
Length of Test	Tubing Pressure				Casing Pressure			<u>.</u>		12		
	100000				Water - Bbls			810M& 2 1993				
Actual Prod. During Test	Oil - Bbis.				Water - Bolk							
				<del>, </del>	1	<u>, , , , , , , , , , , , , , , , , , , </u>	Ŷ.	45.53	<del>Mije (M</del>	<u>.</u>		
GAS WELL		<b>在</b> :			Dble Cord	neale@@@CE		Crovine A	Condensue.	<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Olavily of	3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	Choke Size			
TIT OPER : MOR OFFI	74000 01	7.00\m	T T A 3 1	CE	٦	<del></del>		1				
VI. OPERATOR CERTIFIC				CE		OIL CO	NSER\	VATION	DIVISI	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					NOV 2 2 1993							
is true and complete to the best of my knowledge and belief.					11							
FOR: 21ST CENTURY INVESTMENT COMPANY					Date Approved							
Paul C. Thompson					July Chank							
Signature Paul C. Thompson Agent					SUPERVISOR DISTRICT 18							
Printed Name			Title		Titl	e						
11/16/93	5	05 327-	4892	lo .								

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.