Submit 5 Copies
Appropriate District Office
DISTRICT 1
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
AUG - 1992at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, New Mexico 875					604-2088	2088 O. C. D.				
I.	REC	UEST F	OR A	LLOWA	BLE AND	AUTHOR	IZATION	* 1555.* ** 			
Operator		<u> 10 In</u>	AINOP	OHIO	L AND NA	TURAL G	AS				
K & R Oil & Ga							Wei	I API No.			
Reason(s) for Filing (Check proper box)	rive.	Rosw	ell,	N.M.	88201		~~~ <u>~</u>				
New Well		0			Ou	ner (Please expl	lain)				
Recompletion	Oil	Change i	n Transp Dry G	orter of:							
Change in Operator		cad Gas		nsate							
If change of operator give name and address of previous operator				HARCE []							
II. DESCRIPTION OF WELL Lease Name	AND L										
Mary Ann Cannon	Well No. Pool Name, Inclu							nd of Lease No.			
Location			I BI	tter	Lakes S	outh SA) XSSE	X000(a) or Fee			
Unit Letter K	<u> : 19</u>	80	_ Feet Fr	om The	South Line	e and198	30 r	eet From The _	Woo	+	
Section 27 Townsh	10S		Range	25E			Chaves		<u>nes</u>		
III. DESIGNATION OF TRAN	SPORT.	ER OF O	II AN	D NATE						County	
Name of Authorized Transporter of Oil Scurlock-Permian Co		Address (Give address to which approved conv of this form is to be and					eni)				
Name of Authorized Transporter of Casinghead Gas				P•0• Box 4648				Houston Texas 77210			
None If well produces oil or liquids,		·		ـــا ٠٠		E55 10 Wh	ист арргочес	copy of this fo	rm is to be s	eni)	
give location of tanks.	Unit I K	S∞. 27	Twp.	Rge. 25E	is gas actually		When	7			
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, give	e comming!	ing order numb	ю:: ЛО					
		Oil Well	G	ias Well	New Well	Workover	D	1 m . s . l			
Designate Type of Completion Date Spudded		_i	i		İ	WOILOVE!	Deepen	Plug Back S	Same Res'v	Diff Res'v	
	Date Con	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing For				πation Top Oil/Gas Pay				Tubing Depth			
Perforations				Depth Casing Shoe							
								Depth Casing	Shoe		
HOLE SIZE	TUBING, CASING AND			CEMENTING RECORD							
TIOLE SIZE	CA	SING & TU	BING S	IZE	DEPTH SET			SACKS CEMENT			
		··						-			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of to	otal volume o	of load oi	l and must	be equal to or e	exceed top allow	vable for this	depth or he for	full 24 hour	. 1	
Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCP			
GAS WELL								•	·· ·		
Actual Prod. Test - MCF/D	Length of	Test		 1	Bhle Carden	ion i de		· · · · · · · · · · · · · · · · · · ·			
					Bbls. Condensate/MMCI ¹			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	TE OF	COMPI	IANIC								
I hereby certify that the rules and regular Division have been complied with and the	ions of the	Oil Conserva	uion	-1-	0	IL CONS	SERVA	TION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dota	1 nn rai1		ت بسورية	.e.e.e.		
OK (10 A	an 5	2_			Date /	~hhioneq		<u> 1002 - 10</u>	1987		
Signature	wy	7			Ву	<u> </u>	<u>. 111</u> . 1	<u> </u>			
Printed Name Ram	oley_		litte					7.3%			
July 23 1992 Date	505	623 3	536		Title			1 74 31	. 19		
=		Leleni	one No	11		T 40 Mars \$ 2 Mars	A Section 2				

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
- 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.