ANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old	Form C-104 Supersedes Old C-104 and	
ILE VV	The Reduction	AND	Effective 1-1-6	5	
.s.g.s.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	AL GAS		
AND OFFICE	RE	CETTED BY			
OPERATOR V	- \ \ \ NI	ov 20 1986			
PRORATION OFFICE	/	· L			
-•	ces Petroleum Corp.	O. C. D.			
P.O. Box 1936	Roswell, New Me	exico 88201			
Reason(s) for filing (Check proper box	:)	Other (Please explain)		-	
Recompletion Change in Ownership Y	Change in Transporter of: Oil Dry Go Casinghead Gas Conde			٠	
If change of ownership give name			New Mexico 88201		
and address of previous owner		O. BOX 1930 ROSWELL	, New Mexico 88201		
Lease Name	Well No. Pool Name, Including F	ormation Kind of	Lease	Lease ?	
State E 92	1 Prown Queen	Grayburg State, Fo	ederal or Fee State	E-92	
Location Unit Letter F ;]	980 Feet From The No Lir	ne and 1980 Feet F	rom The West		
Line of Section 26 To	wnship] () S Range	26 E , NMPM, Cha	ives	Cour	
DESIGNATION OF TRANSPOR		Andress (Give address to which a	and this form is to	a ka sassi	
Name of Authorized Transporter of Oil Navajo Refining Compan	•	No. Freeman Ave. Ar			
Name of Authorized Transporter of Ca		Address (Give address to which a	approved copy of this form is to	be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 26 10 S 26 E	Is gas actually connected?	When 1		
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,				
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res	v. Diff. Re	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe	· · · · · · · · · · · · · · · · · · ·	
Periorations	TIPING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	ENT	
			Post ID-		
			12-5-80 eng op		
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load pth or be for full 24 hours)		xceed top e	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump.	es lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF		
L			,		
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		
EERTIFICATE OF COMPLIAN	CE.	OIL CONSE	RVATION COMMISSION	<u></u>	
		APPROVED DEC	a 1006	19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			iginal Signed By	-	
above is true and complete to the	e best of my knowledge and belief.	BY	es A. Clements		
		11	pervisor District II		
P. M. I.	boushims)	Trable to a compact for	i in compliance with RULE allowable for a newly drills	d or deep	
(Sign	newe)	well, this form must be according tests taken on the well in a	ombanied by a tabulation of	i fua mass.	
Clerk	· ·	All sections of this for	m must be filled out comple	tely for al	
Set \$ 1 19.86		able on new and recomplete	t II III and VI for chan	ges of or	
(Date)		If well name or number, or tran	sporter, or other such chang	a of cours	