Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Operator

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG - 5 19

Well API No.

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Buttom of Page	
Fee Lease No.	
ne West Line	
County	
is form is to be sent)	
Texas 77210 s form is to be sent)	
k Same Res'v Diff Res'v	

Reason(s) for Filing (Check proper box	x)	well N	•M.		her (Please exp					
New Well		in Transporter o	of:		nei (riease exp	нат)				
Recompletion	Oil	X Dry Gas								
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator					***************************************					
II. DESCRIPTION OF WEL	L AND LEASE									
Mary Ann Cannon	Well N	o. Pool Name, l	includ	ling Formation		Ki	nd of Lease	ı	Lease No.	
Location Location		Bitte	er	Lakes (	South S	A SO	ISC Begand or Fee		Zase 140.	
Unit LetterN	:660						Feet From TheW	tae	Line	
Section 27 Towns	ship 10S	Range 251				aves			County	
III. DESIGNATION OF TRA	NSPORTER OF	-							County	
The state of the s	or Cond	ensate [	71 N	Address (Giv	e address to w	hich approx	red copy of this form			
Scurlock-Permian Name of Authorized Transporter of Case	Corn			P.O. F	30x 161	я ц <sub>о</sub>	at our m	is to be s	eni)	
None	inghead Gas	or Dry Gas [		Address (Giv	e address 10 w	hich approv	ston, Tex	as /	7210 eni)	
If well produces oil or liquids.	Unit Sec.	Twp.	Rge.	la gas actually	V connected?	1 110	0			
give location of tanks.	K 127	1105 25	T.	1 7.7	_	I wn	en ?			
If this production is commingled with the IV. COMPLETION DATA	it from any other lease o	r pool, give com	mingl	ing order numb	er:					
	Oil We	II Gas We	. 11	1 N						
Designate Type of Completion	1 - (X)	ii j Gas we	:11	Now Well	Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		Í	_      P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)							F.B. 1.D.			
Elevations (Dr., KKB, KI, GK, elc.)	GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations		<del></del>								
					·		Depth Casing Sho	<b>&gt;6</b>		
	TUBING	, CASING A	ND	CEMENTIN	G RECORI	D				
HOLE SIZE	CASING & T	UBING SIZE			DEPTH SET		SACK	SACKS CEMENT		
				<del></del>		· ·				
		····		<del></del>						
				<del></del>			-	·····	······································	
V. TEST DATA AND REQUE			l							
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume	of load oil and	musi l	be equal to or e	exceed top allo	wable for Il	his depth or be for ful	ll 24 how	rs.)	
STOLING LICH OIL KULL IO 14HE	Date of Test			Producing Met	hod (Flow, pu	np, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCP			
GAS WELL		<del></del>		***************************************		<u>-</u>				
Actual Frod. Test - MCF/D	Length of Test	· · · · · · · · · · · · · · · · · · ·		50 <del>. 7 </del>		~			•	
	sought of seat			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
				-	• • • • •		1			
I. OPERATOR CERTIFIC	ATE OF COME	LIANCE								
I hereby certify that the rules and regul	lations of the Oil Conser	vation		0	IL CON	SERV	<b>ATION DIV</b>	'ISIO	N	
Division have been complied with and is true and complete to the best of my	that the information give knowledge and belief	en above					AUG 🗓 🖫 199	22		
Λ. (	/\			Date A	Approved	l	AUU I & IS	J &		
OKen CITY	A MARIE				•					
Signature	1		-	Ву	ক্র্য	IMAL SI	GASA BY "	٠:		
George W. Ramp	ley Part		.		*; · · · ;		3.13			
· · · <u> </u>		Title	11	****	114	Street Service	and the second control of the control			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

July

Date

- 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.