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

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-104 Revised 1-1-89	
See Instructions	a) 512
at Bottom of Page RECEIVED	עט ``
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

COLECT FOR ALLOWARI F AND AUTHORIZATION

NOV 27 '89

	T	O TRA	NSPU	HI OIL	AND NAT	OUVE ON	<u> </u>				
erator							Well A	PI No.	5 ARTERIA	canël	
	ERGY DEVELOPMENT CORPORATION						30-0	0107-0107	J 21 11 2 11 11 1		
less 000 Louisiana, Suite 2	2900, Н	loustor	n, Te	xas 77	7002						
son(s) for Filing (Check proper box)		·				(Piease expla					
w Well		Change in	-		Section	III no	t applic	able -	Water:flo	ood	
completion \Box	Oil Code about		Dry Ges Condens		Inject	on well					
mile m Obumu — —	Casinghead				0.44	1000	Variation	Toxos	77002		
address of previous operator PELTO	OIL C	OMPANY	Z, 500	<u>) Dalla</u>	s, Suite	1800	Houston.	lexas			
DESCRIPTION OF WELL A		SE					Vinda	Lease	1.0	ase No.	
ase Name TLSAU	1	Well No. 103			g Formation — San Ar	dres Ass	1	Fee	1		
TLISAU		105									
Unit Letter G	1650)	Feet Fre	m The No	rth Line	2310	Fee	t From The	East	Line	
			_	205		рм, Chav	7 00			County	
Section 7 Township	95		Range	29E	, run	PM, Chav					
DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI) NATUI	RAL GAS					-1)	
me of Authorized Transporter of Oil		or Conden	sale		Address (Give	address to wh	iich approved	copy of this j	77R E 10 (4 34	w)	
N/A	hand Goo		or Dry	Gee [N/A	address to wi	ich approved	copy of this f	orm is to be se	nd)	
ime of Authorized Transporter of Casing N/A	nead Cas	لــا	G DIY		N/A					·	
well renduces oil or liquids.	Unit	Sec.	Twp.	•	is gas actually	connected?	When				
e location of tanks.	N/A	N/A	N/A	N/A	N/A			N/A	 		
his production is commingled with that fi COMPLETION DATA	iom any othe	er lease or	poor, gav	e commings	ing order music					•	
		Oil Well	1	las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		1			Total Depth		<u> </u>	P.B.T.D.	<u></u>		
se Spudded	Date Comp	a. Kendy K) Proc.		1000 2000			1.5.1.5.			
evations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing F	ormation		Top Oil/Gas Pay			Tubing Depth			
				Depth Casing Shoe							
rforations											
	т	UBING	. CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	5 - 5 - 10 - 10 - 10 - 10 - 10 - 10 - 10			DEPTH SET			SACKS CEMENT				
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TEST DATA AND REQUES	ST FOR A	LLOW	ABLE							1	
IL WELL (Test must be after n	recovery of 10	otal volume	ABLE of load	oil and must	be equal to or	exceed top al	lowable for th	is depth or be	for full 24 ho	es.)	
IL WELL (Test must be after n	ST FOR A recovery of to Date of Te	otal volume	ABLE of load	oil and mus	t be equal to or Producing M	exceed top all ethod (Flow, p	lowable for th nump, gas lift,			es.)	
IL WELL (Test must be after nate First New Oil Run To Tank	recovery of 10	otal volume est	ABLE of load	oil and mus	Producing M	ethod (Plow, p	lowable for th nump, gas lift,	is depth or be etc.) Choke Size		es.)	
IL WELL (Test must be after nate First New Oil Run To Tank ength of Test	Date of Te Tubing Pre	otal volume est	ABLE of load	oil and mus	Casing Press	ethod (<i>r tow, p</i>	lowable for th nenp, gas lift,		•	es.)	
IL WELL (Test must be after nate First New Oil Run To Tank ength of Test	Date of Te	otal volume est	ABLE of load	oil and mus	Producing M	ethod (<i>r tow, p</i>	lowable for th namp, gas lift,	Choke Size	•	rs.)	
ength of Test could prod. During Test	Date of Te Tubing Pre	otal volume est	ABLE of load	oil and mus.	Casing Press	ethod (<i>r tow, p</i>	lowable for th nenp, gas lift,	Choke Size	•	es.)	
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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.