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

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

New Merica 97

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

DISTRICT III	97410	Oan	ia i e, i vew ivi	EXICO 6/3	U4-2U88 .			' RE	CEIVED	
1000 Rio Brazos Rd., Aztec, NM	REQL		R ALLOWA						-1750	
I		TO TRAI	NSPORT OIL	AND NA	TURAL G	AS		Mo.		
Operator				í	Vell API No. 100/27 '80					
ENERGY DEVELOPMEN	1 CORPORATI	UN V				30-	- 005 - 611		_	
Address 1000 Louisiana, S	uite 2900.	Houston	. Tevas	77002				ARTEO.	C. D.	
Reason(s) for Filing (Check prope			, read		et (Please exp	lais)		-11/53/4	C. D.	
New Well	•	Change in 7	masporter of:	_	•	•			_	
Recompletion	Oil	_	Dry Gas		on III no ion well		.cabie -	Wateril	ood	
Change in Operator	Casinghea	d Gas 📗 (Condensate		.ION WEI.	L				
If change of operator give name and address of previous operator	PELTO OIL	COMPANY	, 500 Dall	as, Suit	e 1800,	Houston	. Texas	77002		
II. DESCRIPTION OF W	ELL AND LEA	ASE							·	
Lease Name	, ,			Vell No. Pool Name, Including Formation			of Leane		sase No.	
TLSAU		57 [Win Lakes	- San A	ndres As	soc	Fe			
Location A	. 33	30	No	rth	000			Past		
Unit LetterA	:	1	Feet From The No	run Lin	e and990	F	set From The .	East	Line	
Section 1 7	Cowaship 9S	1	Range 28E	N	MPM. Ch	aves			County	
									_ comy	
III. DESIGNATION OF The Name of Authorized Transporter of						···	· · · · · · · · · · · · · · · · · · ·			
N/A	Authorized Transporter of Oil or Condensate			N/A	e address to w	nich approved	copy of thus fo	orm is to be se	nt)	
Name of Authorized Transporter of	Caninghead Gas		r Dry Gas		e eddress to w	hick approved	copy of this fe	orm is to be se	nd)	
N/A										
If well produces oil or liquids, give location of tanks.	Unit				y connected?	When				
If this production is commingled w	N/A		N/A N/A	N/A	L		N/A	·		
IV. COMPLETION DATA		er sease or po	ot, give comming	ruit caces, mun			·		•	
Decision Bounds		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Comp		<u></u>	1			<u>l</u>			<u> </u>	
Date Spudded	Date Comp	i. Ready to F	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Pr	oducing For	nation	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casin	g Shoe		
		UDBIC C	SACING AND	OE) CE) PER	ic proop		<u> </u>			
HOLE SIZE			CASING AND	CEMENIII	DEPTH SET		T	ACKS CEME	ATT.	
1,000 0,00		CASING & TUBING SIZE			DEF IN GET			Post TD-3		
							12.	12-8-89		
							the In			
								7 7		
V. TEST DATA AND RE	•									
OIL WELL (Test must be Date First New Oil Run To Tank	after recovery of tol		1000 oil and must		exceed top allo ethod (Flow, pu			or full 24 hour	3.)	
	Date of Fee	•		1 tomoral to	reace (a aow, pa		 ,			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
		<u> </u>								
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
CACWELL		· · · · · ·		<u> </u>			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of T	est	-	Bbls. Conden	mte/MMCF		Gravity of C	ondeneste.	 	
					Joil Caralles Marci					
esting Method (pitot, back pr.) Tubing Pres		erie (Zpri-e)	Casing Pressure (Shut-in)			Choke Size			
		···					<u> </u>			
VI. OPERATOR CERT	_			_	DIL CON	ISEDV	ATIONI I			
I hereby certify that the rules an Division have been complied wi	d regulations of the (Dil Conservat	tion shows		JIE CON	ISER V	TION	ادادادار	11	
is true and complete to the best				Data	Anne	DE	C - 8 19	189		
1/. 1 1/.	. Dauer			Date	Approve	<u> </u>	- 10		• • •	
Michael M	By_	CHU	nga sk	HED BY						
Signature Michael M. Bauer		A ~-	ent	By		 			w	
Printed Name			itie	Title						

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

11-06-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

370-7392 Telephone No.

- 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.

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