

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIAN OFFICE

U-Mex, Inc. ✓

Address

P.O. Drawer 1517, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

Suspended operations. Set 7" casing at top of San Andres. Waiting on oil prices to justify drilling San Andres pay zone and complete marginal well.

If change of ownership give name

and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Fee
Cannon Fee	4	W. Bitter Lakes, San Andres	State, Federal or Fee	Fee

Location

Unit Letter A : 570' Feet From The North Line and 640 Feet From The EastLine of Section 17 Township 10 S Range 25E , NMPM, Chaves Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) Oil well Gas well New Well Workover Deepen Plug Back Same Res't. Drill. Fr.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

4/1/82

725'

630'

Elevations (DF, H&B, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

3523 GR

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	7"-20#	675'	645 sx. Class 'C'
			circulated

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

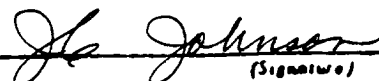
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bble.	Water-Bble.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



J.C. Johnson, Agent

(Title)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.