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

State of New Mexico erals and Natural Resources Department Energy,

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

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 23 '90

DISTRICT II 2.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR					.			
	TO TRANS	PORT OIL	AND NA	TURAL GA		ARTESIA,	تاليده الادر		
Operator	perator				Well API No.				
Marit Energy Company				30-005- 61650					
12221 Merit Drive, SI Reason(s) for Filing (Check proper box) New Well Reccompletion	Change in Tran	nsporter of:	251 Ouh	er (Please expla	in)				
Change in Operator Change of operator give name and address of previous operator MC.	Casinghead Gas Con	oration.	850 Unit	ed Bank A	Plaza.Dr	rawer 730	Roswe	 11. NM_88	
I. DESCRIPTION OF WELI	•				, , , , , , , , , , , , , , , , , , ,	*			
Lease Name MCC/E//AN		ing Formation				ind of Lease No.			
MOC Federal	2 Pecos Slo		pe Abo		State,	State, Federal of Fee NM-36409		109	
Location	550								
Unit LetterO		et From The				et From The	East	Line	
Section 30 Towns	hip 5S Ran	nge 25	E , NI	MPM,	Chaves	· · · · · · · · · · · · · · · · · · ·		County	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF OIL A		RAL GAS	e address to wh	ich approved	copy of this for	m is to be sen	<u>u)</u>	
Pride Pipeline	نها لها					copy of this form is to be sent) ne, TX 79604			
Name of Authorized Transporter of Casi	inghead Gas or I	Dry Gas XX	Address (Giv	e address to wh	ich approved	copy of this for	m is to be sen	1	
Transwestern Pipeline	e Co					<u>, TX 77</u>	<u> 251-118</u>	8	
If well produces oil or liquids, ive location of tanks.	Unit Sec. Tw	p. Rge.	is gas actual! Yes	y connected?	When	7 9-8-82			
this production is commingled with the V. COMPLETION DATA	it from any other lease or pool,	, give comming	ling order num	рег:					
Designate Type of Completion	Oil Well n - (X)	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				 		Depth Casing	Shoe		
	TUBING, CA	SING AND	CEMENTI	NG RECOR	D	<u> </u>	<u></u>		
HOLE SIZE			DEPTH SET			SACKS CEMENT			
······································									
V. TEST DATA AND REQUI	EST FOR ALLOWABI recovery of total volume of lo	E	t he equal to or	exceed ton allo	wable for thi	s depth or be for	full 24 hour.	s.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	da va ana mas	Producing M	ethod (Flow, pu	mp, gas lift, e	etc.)	- 1	1 TD= 3	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size 8 - 31-90			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas-MCF Chg OP				
						1			
GAS WELL	Length of Test		Bbls, Conder	sate/MMCF		Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Tonker or rest		Journal			·			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	CATE OF COMPLI	ANCE)II 00°	IOEDY	ATIONED		· NI	
I hereby certify that the rules and reg	gulations of the Oil Conservation	on		JIL CON	12FHA	ATION D	11/1510	III	
Division have been complied with ar is true and complete to the best of m	nd that the information given at	oove	Date	Approve	d _	AUG 31	1990		
1200 00	Ca = =			• •					
Signature	Luni		∥ By_		<u>NAL SIGI</u> WILLIAM				
Sheryl J. Carruth	> Prod/Reg.			CHIPE		o Distri ct (1	i		
Printed Name	1111	10	Title						

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

8-20**-9**0

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.

701-8377

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.