RFO	CEIN	/FD

SEP 3 0 1991

O. C. D. ARTESIA OFFICT

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		1	
DISTRIBUTI	DN		
BANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
GAS			
OPENATOR		Ċ.	
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ope	10101	_ /			
	Slash Four Er	nterprises Inc. 🗸			
Yqq	PO BOX 1433,	ROSWELL, NM 88202-143	13		
Reo	son(s) for filing (Check proper	60x)		Other (Please explain)	
	New Well	Change in Transporter of:	<u> </u>		
	Recompletion		Dry Gas		
	Change in Ownership	Casinghead Gas	Condensale	<u> </u>	

If change of ownership give name and address of previous owner

ise No.
<u>A</u>
i
C
County

III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of C	or or	Condensate	0	Address (Give address to which approved copy of PO Box 8249, Roswell, NM 8820	
Pueblo Petroleum, Name of Authorized Transporter of C		of 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.	, ••••• 1 =	ec. Twp.	Rge. 27E	Is gas actually connected? When NO	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)
• • •
Phelps White, President
(Title)
09/27/91
(Date)

OIL CONSERVATION DIVISION APPROVED JCT & 1901 ORIGINAL SIGNED BY BY ______MIKE WILLIAMS

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	SUPERVISOR,	DICTDICT	19
	CIDEDVISIN	INSTRUCT	11
	SUPERVISON	01011101	
TITLE	00.0	and the second sec	

This form is to be filed in compliance with RULE 1164.

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

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spuided	Date Comp	. Ready to F	Prod.	Total Dept	h		P.B.T.D.		<u>. </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	nation	Top Oil/Go	is Pay		Tubing Dep	th	
Perforations				<u></u>	·····		Depth Casi	ng Shoe	
		TUBING,	CASING, AH	D CEMENTI	NG RECORI	0	l		
HOILE SIZE	CASI	IG & TUBI	NG SIZE		DEPTH SE	T	5/	CKS CEMEN	IT
an air an tha an								·····	
	ļ			1					
ananya manana amin'ny fisiana amin'ny faninana amin'ny fanina amin'ny fanina amin'ny fanina amin'ny fanina amin	<u> </u>	-		. İ					

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

Daie Fligt New Oll Run To Tanks	Dato of Test	Producing Method (Flow, pump, cas lift	, c(c.)
Longth of Town	Tubir.; Pressure	Cusing Pressure	Choke Size
Letwal Pred, During Test	OII-ENC.	Water - Abie.	Gas-MCF

GAS WELL

Actual Pros. TexteMCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tenting Mothod (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sbut-in)	Choke Sixe
· · · · · · · · · · · · · · · · · · ·			

.

a sha na shekarar a eren alta anti-eren alta alta da esta esta esta