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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gravity of Condensate  Water - Bbls.  Gas- MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shul-in)  Casing Pressure (Shul-in)  Choke Size  VI. OPERATOR 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.  Date Approved  DEC 1 4 1990  By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title  Title  Title  Title  Title	HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			Post ID: 3		
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VI. OPERATOR 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.  Date Approved  ORIGINAL SIGNED BY  MIKE WILLIAMS  SUPERVISOR, DISTRICT IN  Title  12-14-90  Title  Title  Title	Actual Prod. Test - MCF/D	Length o	I Test			Bols. Cond	CHMUC/MINICP		Olavity Of C	-musuaditi		
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Signature  Juanita Goodlett - Production Supvr.  Printed Name 12-14-90  (505) 748-1471  Title  Title  Title	I hereby certify that the rules and reg Division have been complied with an	ulations of the	ne Oil Con formation (	servation given abo		Da		i			NC	
Juanita Goodlett         Fronted Name         Title         Title         Title         Title         Title           12-14-90         (505) 748-1471         Title	Signature - Production Super					Ву	By MIKE WILLIAMS					
mt A M.	Juanita Goodlett Printed Name			Title		Tit		PERVISOR	, DISTRIC	T   <b>†</b>		
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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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   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.