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|---|---|---|---|--|---|---|--|
| ubmit 5 Copies ppropriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240 | Еі "у, | | f New Mexico Natural Resources Depa | ıtmem | APLENED | Form C-104 Revised 1-1-89 See Instructions | |
| ISTRICT II | OIL | | VATION DIVIS | ION | <u> 現日 - 6</u> 199 | | |
| O. Drawer DD, Artesia, NM 88210 | S | | . Box 2088 Mexico 87504-2088 | | t i see | | |
| 00 Rio Brazos Rd., Aztec, NM 87410 | | | ABLE AND AUTHO | ודאלום | · · | | |
| perator | TOTR | ANSPORT | OIL AND NATURAL | GAS | · · · | | |
| | ns Oil & Gas (| Corporation | n | | Well API No. 30-005-6286 | 1 | |
| ddress | Box 2443, Rosv | | | l . | | | |
| eason(s) for Filing (Check proper box) | DOX 2445, KOSV | Well, NM (| 38202-2443 Other (Please of | xplain) | | | |
| ew Well | | in Transporter of: Dry Gas | | | | | |
| hange in Operator | Casinghead Gas |] Condensate |] | | | | |
| address of previous operator | | | | | | | |
| DESCRIPTION OF WELL | | | | | | | |
| Elizabeth "C | " 5 | . Pool Name, Inc Bullseye | San-Andres | | Kind of Lease | e Leass No. Fee | |
| Unit Letter D | . 990 | P . P . P | North 3 | 30 | · · · · · · · · · · · · · · · · · · · | West | |
| | | | North Line and <u>3</u> | _ | Feet From The . | West. | |
| | | | | Chaves | · | County | |
| I. DESIGNATION OF TRAN ame of Authorized Transporter of Oil | VSPORTER OF C | DIL AND NAT | TURAL GAS | which | House and the second second | | |
| Scurlock Perm | nain Corporati | ion L_J | Address (Give address to P.O. Box 4648 | , Hous | ton, TX. 7 | 7210–4648 | |
| ame of Authorized Transporter of Casin | ignead Gas | or Dry Gas | Address (Give address to | which app | woved copy of this f | orm is to be sent) | |
| well produces oil or liquids, e location of tanks. | Unit Sec. | | ge. Is gas actually connected | 7 | When ? | en ? | |
| his production is commingled with that | | 8-S 29E | Ingling order number: | L | | | |
| COMPLETION DATA | | | | | | | |
| Designate Time of Court of | Oil Wel | II Gas Well | New Well Workover | | | Same Res'v Diff Res'v | |
| | - (X) | i | I new ment workover | Dee | pen Plug Back | | |
| | - (X) Date Compl. Ready t | o Prod. | Total Depth | | P.B.T.D. | | |
| ale Spudded | - (X) | | | | P.B.T.D. | ii | |
| ate Spudded evations (DF, RKB, RT, GR, etc.) | - (X) Date Compl. Ready t | | Total Depth | | P.B.T.D. Tubing Dept | ll | |
| Designate Type of Completion ate Spudded evalions (DF, RKB, RT, GR, etc.) | - (X) Date Compl. Ready t Name of Producing F | omation | Total Depth Top Oil/Gas Pay | i | P.B.T.D. | ll | |
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UCTIONS: 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.

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

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.