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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Santa		Mexico 875	exico 87504-2088				RECEIVED	
1000 Rio Brazos Rd., Aztec, NM 874	REQUES	ST FOR	ALI OWA	BLE AND	AUTHORI	ZATION				
ī.					ATURAL G	AS		DEC	11 '8	
Operator New Mexico 1	nstitute of	Minin	o and Te	echnolog	, /	Well	API No.	6	, C. D.	
Address	beleuce of	11111111	6 and 10	.cimorog,	у	,l			SIA, OFFI	
Petroleum Re Reason(s) for Filing (Check proper bo	covery Rese	arch C	enter, S		NM 87801 her (l'lease expl					
New Well	•	inge in Trair	asporter of:		net (i ieuse expa		(در س			
Recompletion	Oil	Dny				h	IW			
Change in Operator K	Casinghead Ga		densate				·			
and address of previous operatorN	cClellan Oi	1_Corp	oration,	P.O. Di	rawer 730	, Roswe	11, NM 882	202		
II. DESCRIPTION OF WEI							7.7.5			
Lease Name Sulimar Quee	<i>//</i> ·	1	ol Name, Includ	-		I	of Lease Federal or Fee	Lease 1		
Location	11 - (11) 11 1 - 1	<u> </u>	Sulimar	Queen				LC-0692	80-C	
Unit LetterA	:660	Fce	t From The N	orth Li	ne and <u>660</u>	· Fe	et From TheI	Cast	Line	
Section 2/4 Town	nship 15S	Rar	nge 29F		NMPM,	_Chaves		0		
						Luaves	······································		ounty	
III. DESIGNATION OF TR Name of Authorized Transporter of Or	ANSPORTER C	OF OIL /	AND NATU			hich approve	Loony of this form	de te te e e		
Navajo Refining Co.≤				Address (Give address to which approved copy of this form is to be sent, P.Q. Drawer 159, Actes in NM 88210						
Name of Authorized Transporter of Ca	isinglicad Gas	orl	Diy Gas	Address (Gi	ive address to wi	hich approved	copy of this form	is to be sent)		
If well produces oil or liquids,	Unit Sec.	. Tw	p. Rgc.	ls gas actual	lly connected?	When	?	· · · · · · · · · · · · · · · · · · ·		
give location of tanks.	ii	l					•			
If this production is commingled with to IV. COMPLETION DATA	hat from any other lea	ise or pool,	give comming	ling order nun	nber:					
	Oi	l Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'y Dis	ſ Res'v	
Designate Type of Completi	l	i		<u>i</u>	<u>i</u>		112g Duck 34 		KC2 V	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	7.12		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations										
							Depth Casing S	hoe		
				CEMENTI	NG RECOR	D	· · · · · · · · · · · · · · · · · · ·		7	
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT Post IO-3 2-23-90 sha ap		
. TEST DATA AND REQU	EST FOR ALL	OWABL	Ē	l		*****				
OIL WELL (Test must be afte	er recovery of total vo							ull 24 hours.)		
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	•		Gas- MCF			
GAS WELL	L			1			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test	Length of Test			nsate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casina Drassina (Chut ia)			Choke Size				
esting Method (phot, back pr.)	Thomg Tressure	trioug rieswise (2001-10)			Casing Pressure (Shut-in)			CHORL SILL		
VI. OPERATOR CERTIF	CATE OF CC	MPLIA	NCE				I			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION				VISION		
is true and complete to the best of n	nd that the information in knowledge and bel	ief.	ove	Doto	Approve	1	FEB 1 6	1990		
m -1 m	ccom			Date	Approved)				
Manh Mª Chellan Signature					By ORIGINAL SIGNED BY					
Mark McClellan Geologist				MIKE WILLIAMS SUPERVISOR DISTRICT I				T 19		
Printed Name 11/26/89	(505)	Title :622-3		Title		OI LIVIS	ON, DISTRIC) [] [
Date		Telephone		[]						

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.
- 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.