mit 5 Copies

propriate District Office

ASTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico

But , Minerals and Natural Resources Departmen

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

OIL CONSERVATION DIVISION

See In at Bot

OID CO.

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 JAN 10'90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	הבסווב		•		LE AND A		7.4.7.1	C. J. D	•		
•		-			LE AND A AND NAT		S	ARTESIA, OF	ICE		
Socorro Petroleum Company						Well API No. 30-015-					
Address P.O. Box 38, Lo	oo Hille	NIM	82855	<del></del>				<u></u>			
Reason(s) for Filing (Check proper box)	CO HIIIS	7 141-1	0205.		Other	(Please expla	in)				
New Well Change in Transporter of:											
Recompletion 🔲	Oil		Dry Gas			nge in O	-		ľ	7'	
Change in Operator	Casinghead (		Condensa			ective J					
f change of operator give name  Hard  daddress of previous operator	corn Oil	Compa	ny, P	.0. Bo	x 2879,	Victoria 	, TX 77	7901 	·		
I. DESCRIPTION OF WELL											
Lease Name Turner "B"	V	Vell No.			ng Formation	also		(Lease Federaly or Fee		ase No. 9395B	
Location			1101	<u> </u>		1 (					
Unit Letter	<u>Odol : </u>		Feet From	n The	Line	and late	O Fee	et From The _		Line	
Section 29 Townshi	p 17S		Range	31E	, NN	IPM,	Eddy		·····	County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AND	NATUI	RAL GAS						
Name of Authorized Transporter of Oil  NONE ST		r Condens	<del></del>			address to wi	hich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)					ns)					
NONE  If well produces oil or liquids,	Unit S	iec.	Twp.	Rge.	ls gas actually	connected?	When	7	· ····-		
give location of tanks.	<u>ii</u> .						<u> </u>				
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	pool, give	conuningl	ing order numb	er:	· <del></del>	······································	·····		
		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Saine Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	. ,	<u> </u>		<del></del>	Total Depth		İ			<u> </u>	
Date Spaces	Date Compl. Ready to Prod.				Total Depart			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	าา	IDING	CACIN	C AND	CEMENTE	UC DECOU		<u> </u>		•	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			1	SACKS CEMENT		
11011 0111	3.13.11.0 7.33.11.3 3.12			14. L	<u> </u>			Post #0-3			
								2-9-9b			
 V. TEST DATA AND REQUE	 STEAD A	Haw	ARIF	· · · · · · · · · · · · · · · · · · ·	<u> </u>		**************************************	1	<i>J</i> /		
OIL WELL (Test must be after				il and musi	be equal to or	exceed top all	lowable for th	is depth or be j	for full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Test					ethod (Flow, p					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
The state of the s	On ~ 10013.		·····	- <u></u>							
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Dbls. Condensale/MMCI			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIAN	ICE	-	011 00			D1/40:		
I hereby certify that the rules and regu						OIL CO	NSERV	AHON	DIVISION	NC	
Division have been complied with an is true and complete to the best of my			ven above	;			E	<b>EB</b> - 9	taan		
is true and complete to the deat of my	Miowicoge an				Date	e Approvi	ed	LU 3	1990	<del> </del>	
1denin	Quel	Y			Du.		UNIAL COC	NED DV			
Signature \ \ \ Ben D. Gould Manager					<sup>by</sup> -	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name			Title		Title	SUP	ERVISOR,	DISTRICT	17		
1/2/90 Date	50	5/677- Tel	-2360 Iephone N	ko.							

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 rool in multiply completed wells