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

## State of New Mexico nergy, 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

DISTRICT III

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

30 1986

1000 Rio Brazos Rd., Aztec, NM 87410	REQUES"	T FOF	R ALLOWA	BLE AND	AUTHORIZ	ZATION	Ç	)		
I. Operator	TO 7	RAN	SPORT OI	L AND NA	TURAL GA	LATION	•			
MOMELLO, Suc	. /					Well	API No. DIS-24	GE 00		
LPOOT OFFICE BO	4481,0	) }	lesia.	nm s	38211-0		<u>UO A</u>	7399		
Reason(s) for Filing (Check proper box) New Well					her (Please expla	1401 in)				
Recompletion	Oil		ansporter of:							
Change in Operator  If change of operator give name	Casinghead Gas		ondennate	ELK	ctive	· 000 n	110 6	a 1, 199	11 1	
and address of previous operator				<del></del>	<u> </u>	gar	aary	1,199	Ч	
II. DESCRIPTION OF WELL Lesse Name							<del></del>		<del></del>	
tamon State  Well No. Pool Name, Including Formation  Kind of Lease  Lease No.  State  Pool Name, Including Formation  Kind of Lease  Lease No.									3847	
Unit Letter h	: 1980	Fe	et From The	S 16	ne and (o (	(p() -		- 1w.().;	209 /	
Section 5 Townshi	195		inge 299	_		Eddu	et From The	( <u>(</u> )	Line	
III. DESIGNATION OF TRAN	SPORTER OF					zaa	)		County	
Name of Authorized Transporter of Oil PMide Pipeline	Address (Gi	ve address to whi	ich approved	com of this t	form in to be a	-1				
Name of Authorized Transporter of Casing					$\mathbf{x}$ $\mathbf{a}\mathbf{u}\mathbf{a}$	-(1)	copy of this form is to be sent) ENL, TX 79604			
WPM COLOR	Casinghead Gas or Dry Gas or Dry Gas				lana of	ch approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tv	~~ ~~~	18 gas actual	ly connected?	When	$\frac{\chi(Q)}{r}$	boutl	eoville	
If this production is commingled with that IV. COMPLETION DATA	from any other leas	e or poo	15 298	1 Ges	h	110-6	-86 Ot	< 7000x	1	
IV. COMPLETION DATA				ang older nur			<del></del> -			
Designate Type of Completion	- (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	dy to Pro	od.	Total Depth			P.B.T.D.	<u>i</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Form	ation	Top Oil/Gas Pay						
Perforations							Tubing Depth			
					<del></del>		Depth Casin	g Shoe		
UOLE OIZE	TUBIN	NG, CA	ASING AND	CEMENTI	NG RECORI	<u> </u>	<u> </u>	···	<u> </u>	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							Posted ID-3			
							1-1	14.9-	3	
V. TEST DATA AND REQUES	T FOR ALLO	WAR	F					<u> </u>		
OIL WELL (Test must be after re	be equal to or	exceed ion allow	ا اه حک ما احد							
Date First New Oil Run To Tank	Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>									
Actual Prod. Test - MCF/D	Length of Test			Bbls Conder	resta A A A C C		· · · · · · · · · · · · · · · · · · ·			
Testing Method (pitot, back pr.)				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFICATE OF COMPLIANCE				lr			L			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives at				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved <u>DEC_3_0_1993</u>					
Signature T. Robinson							•			
Printed Name				By						
December 28, 1993 (505) 746-16500  Telephone No.				Title						
		- or openion	₩ 1 <del>4</del> 0.	11						

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
- 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.