Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	BEO!	UEST F	OR AI	I OWAF	RI F AND	AUTHORI	ZATION				
I	1120										
I. TO TRANSPORT OIL AND NATURAL GAS Operator								Well API No.			
RW Oil Company											
Address											
c/o Oil Reports & Gas Reason(s) for Filing (Check proper box)	Servic	es, Inc	., Bo	ox 755		NM 8824. er (Please explo					
New Well		Change in	Transpo	nter of:							
Recompletion	Oil		Dry Ga	. <u>U</u>	1	Effective	e 2-1-8	9			
Change in Operator	Casinghe	ad Gas	Conden	sate							
If change of operator give name and address of previous operator Bi	sco Oil	Compa	ny, Bo	ox 755	, Hobbs,	NM 8824	1.			<del></del>	
IL DESCRIPTION OF WELL	· · · · · · · · · · · · · · · · · · ·										
Lease Name		Well No. Pool Name, Includ						of Lease	DESCRIPTION OF THE PROPERTY OF		
Coastal "A" State		3	F'L	ying "	M" San A	nares	State,	1000000	L-	188	
Location		_		_	. •	3.0			••-		
Unit Letter N	:76	0	Feet Fro	om The So	outh Line	e and198	80 F	et From The	West	Line	
Section 9 Townsh	ip	9S	Range	331	E , N	мрм,		Lea	·····	County	
III. DESIGNATION OF TRAP	NSPORTI	ER OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil v or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Navajo Refining Company					P.O. Box 159, Artesia, NM 88210						
Name of Authorized Transporter of Casir	Gas	Address (Give address to which approved copy of this form is to be sent)									
	1		1-		ļ		1				
If well produces oil or liquids, give location of tanks.	Unit N	<b> Sec.</b>   9	Twp. 9S	Rge.	is gas actually	-	When	1.7			
If this production is commingled with that		<del></del>			<del>*                                    </del>						
IV. COMPLETION DATA	nom -uy ou		pou, g	• ••••••		····					
		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- <b>(X)</b>	i	i		i		), 		İ	i	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	•		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
								1			
		TUBING,	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
							<del></del>				
	<del></del>				<del> </del>			ļ			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		<u> </u>		<del></del>	1			
OIL WELL (Test must be after				il and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te		-7			thod (Flow, pu					
	-										
Length of Test	Tubing Pr	Tubing Pressure				пе		Choke Size			
Actual Prod. During Test Oil - Bbls.					344			Con MCE	Gas- MCF		
				Water - Bbis.				Gas- MCF			
GAS WELL										<del></del>	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
		Langua de Tex				Dois. Condition Navica					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE					<b></b>		
I hereby certify that the rules and regu						DIL CON	SERV	ATION	DIVISIO	NC	
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 APR 2 7 1989						
is true and complete to the best of my	knowledge a	ind belief.			Date	Approved	d b	ALL &	1 1900	<del> </del>	
Manne Delle						• •					
Signature					ByORIGINAL SIGNED BY JERRY SEXTON						
Donna Holler	···	1	Agent			-	DISTRICT	I SUPERV	ISOR		
Printed Name		· · · · · · · · · · · · · · · · · · ·	Title		Title.					<u> </u>	
4-17-89° 2000	5	05-393-									
Date		i ele	phone No	J.	H						

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.