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## State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DOWN REFERENCE COMPANY P. O. BOX 1861, Midland, Texas 79702    Change in Transporter of Company in Change in Transporter of Company in Change in Transporter of Company in Compa	RICT III Rio Brazos Rd., Aziec, NM 87410	REQUES	ST FOR	ALL	OWABL	E AND	AUTHORIZA	ATION			•	
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Date Compt. Ready to Prod.  Identitions (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oli/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Rus To Task  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCFID  Length of Test  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Cooke Size  OIL CONSERVATION DIVISION  JUN 1 9 1989  Date Approved  By  ORIGINAL SIGNED BY JERRY SEXTO  DISTRICT I SUPERVISOR  Title  Title  Title  Title  Title  Title  Title	Deliner Trans of Completion	- (X)	Oil Well	ì	Gas Well	1 Mem	l Molecular	1	i	<u>i                                     </u>		
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Date of Test  Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Actual Prod. Test - MCP/D  Length of Test  Tubing Pressure (Shut-in)  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  By  ORIGINAL SIGNED BY JERRY SEXTO  DISTRICT I SUPERVISOR  Title  Title  Title  Title	V. TEST DATA AND REQU	EST FOR	ALLUVV.	e of loa	ic. id oil and mi	st be equa	l to or exceed top	illowable for t	his depth or b	e for full 24 h	ours.)	
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Length of Test    Casing Pressure   Casing Pressure	Date Ligt Men Oil Kitt 10 17	<b>D</b> 23 0. 2	-			<u> </u>			Choke Si	7£		
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Oil CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Maria L. Perez  Printed Name  Accountant  Title  Title  Title  Title  Title	Length of Test	Tubing P	Tessure			Casing	Pressure		J			
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I hereby certify that the rules and regulations of the Oil Conservation 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  By ORIGINAL SIGNED BY IERRY SEXTO  DISTRICT I SUPERVISOR  Title  Title  Title  1-25-89  915-688-0375	Testing Method (pilot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Snut-in)					
I hereby certify that the rules and regulations of the Oil Conservation 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  By ORIGINAL SIGNED BY IERRY SEXTO  DISTRICT I SUPERVISOR  Title  Title  1-25-89  915-688-0375	TH OPERATOR CERTIF	JCATE (	DE COM	IPI J	ANCE	$\neg \vdash$	OII 00	JNICED	VATIO	או אוען	ION	
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Signature  Maria I. Perez  Printed Name  Accountant  Title  7-25-89  915-688-0375	is true and complete to the best of	my knowledg	e and belief.	•			Date Appro	ved		····		
Signature  Maria I. Perez  Printed Name  Accountant  Title  Title  7-25-89  915-688-0375	Mai P	<b>J</b>									_	
Maria I. Perez Accountant  Printed Name  7-25-89  915-688-0375  Title	111ma Z.	111/2				-	Ву	ORIG				
Printed Name   11tle	Signature Maria I Parez		Ac	ccou	intant	_			DI21KIC	I SUPERV	ISOR	
	Printed Name						Title					
Telephone No.	4-25-89	•				- 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 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.