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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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

,				PORT OIL								
Operator Odd Company							Well A	Pl No.				
Asher Oil Company												
P. O. Box 423, Art	tesia, N	lew Me	exi	co 88210	<u> </u>	(D)	-1-1					
Reason(s) for Filing (Check proper box) New Well	(Thange in	Tran	sporter of:	_	er (Please explo		<i>-</i>				
Recompletion	Change in Transporter of: Change of Operator effective											
Change in Operator	Casinghead	Gas 🗌	-	densate	 	mber 1,	_ 					
change of operator give name and address of previous operator Kern	Co., 30	005 No	ort	h Big Spr	ing St.	<u>Midlan</u>	d, Texas	s 79705_				
I. DESCRIPTION OF WELL			T=				72: 1	. C I		unca No		
State RTO Well No. Pool Name, Includi					sa Popp North State				Federal or Fee L-4525			
State BTQ Location	L.	- -	ра	grey reim	, io 1 eiiii	NOTER	Sta	ite				
Unit Letter P	:660		_ Fee	t From The So	uth Lin	e and66	0 Fe	et From The	East	Line		
Section 33 Township	, 11-S		Rar	nge 33-E	, N	мрм,	Lea			County		
II DECICNATION OF TRAN	CDADTER	ን ለፑ ለ	TT /	AND NATH	DAL GAS							
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	I. DESIGNATION OF TRANSPORTER OF OIL AND NATUranse of Authorized Transporter of Oil						Address (Give address to which approved copy of this form is to be sent)					
Amoco Pipeline Co.				302 East Ave "A", Lovington, NM 88260								
Name of Authorized Transporter of Casing	ghead Gas	ad Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102						
Warren Petroleum Co. If well produces oil or liquids,	Unit	Tw	D. Roe		ly connected?							
ive location of tanks.	P				ye:	5		January, 1971				
f this production is commingled with that	from any other	r lease or	pool	, give commingli	ing order nun	nber:						
V. COMPLETION DATA		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		İ		<u> </u>	i i	İ	1	<u> </u>	İ	<u>i</u>		
Date Spudded	Date Comp	l. Ready t	o Pro	xd.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	oducing F	lucing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
		O COOL		CINIC AND	CEMENT	INC DECO	<u> </u>	1				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SE			SACKS CEMENT			
HOLE SIZE	CASING & TODING CIZE											
								 				
V. TEST DATA AND REQUE	ST FOR A	LLOW	AB	LE	l		· · · · · · ·					
OIL WELL (Test must be after t	recovery of to	tal volum	e of l	oad oil and must	be equal to	or exceed top al	lowable for th	is depth or be	for full 24 hou	urs.)		
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pres	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
					(6.1.1)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			GIORE SIZE				
VI. OPERATOR CERTIFIC						OIL CO	NSERV	'ATION	DIVISIO	NC		
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.					Da	ta Annrov	ad	DEC 28 10 -				
10					11							
Signature	I.	ertn	05	-	∥ Ву	-	FOREST SERVICES		***	<u> </u>		
Kevin Jones Printed Name			Т	itle	Ti+1	e						
12-19-90	(505)		981	1	1111	C						
Date		Te	eleph	one No.	 							

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.