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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 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

REQUEST FOR ALLOWARLE AND AUTHORIZATION

						ATURAL GA	AS				
Decator BORDEAUX PETROLEUM COMPANY								Well API No.			
Addrace											
333 W. HAMPDEN AVE. S	UITE 60	04, ENG	LIEW	OOD, C		80110	-:-1				
Reason(s) for Filing (Check proper box) New Well		Change in	Transr	corter of:		her (Please expla	zin)				
Recompletion	Oil		Dry C								
Change in Operator	Casinghea	d Gas 🗌	Cond	ensate]	Effect	ive 3/1	1/90			
change of operator give name nd address of previous operator	OR DEVI	ELOPMEN	ITS,	INC.	12842 VA	LLEY VIEW	#104, 0	GARDEN G	ROVE, CA	92645	
I. DESCRIPTION OF WELL AND LEASE									Producer(SI)		
Lease Name	Well No. Pool Name, Including				uding Formation				of Lease No. ATHAMATING Fee Lease No.		
SANTA FE PACIFIC			CR	.0331.07	D2 211010	O DIVONTO	N 117				
Unit LetterC	:198	30	Feet 1	From The	West L	ine and 660	Fe	et From The.	North	Line	
26	_						Lea			County	
Section 26 Townshi	p 9-3		Rang	e 50	<u> </u>	NMPM,	110:01				
II. DESIGNATION OF TRAN				ND NAT	URAL GAS	ive address to w	hich approved	conv of this f	orm is to he se	ent)	
Name of Authorized Transporter of Oil	X	or Conden	sale		1	Box 900,					
Mobil Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas						ive address to wi	hich approved	copy of this f	orm is to be se	ent)	
Warren Petroleum Comp					P.O. Box 1589, Tuls Is gas actually connected? Wh						
If well produces oil or liquids, give location of tanks.	Unit	Sec. Iog	Twp. o	1 Rg			When	rch 20,	1973		
f this production is commingled with that		ner lease or	pool, g								
V. COMPLETION DATA							1 5	Div D1-	Came Deste	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	 	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Language Res v	
Date Spudded		pl. Ready to	Prod.		Total Depti	n		P.B.T.D.			
TI COLORD DE COLOR	Nome of P	enducing E	amatic	~	Top Oil/Ga	s Pay		Tubing Dep	oth .		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						lue.					
Perforations									Depth Casing Shoe		
		TURING	CAS	ING AN	D CEMENT	ING RECOR	2D				
HOLF SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				D CENTERY I	DEPTH SET		SACKS CEMENT			
	<u> </u>										
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABL	E		1. 11		is denth on he	for full 24 hou	ere l	
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Te		of loa	d oil and m	Producing	or exceed top all Method (Flow, p	ump, gas lift,	etc.)	JOF JUL 24 HOL	<i>u</i> 3. <i>j</i>	
Date First New Oil Run 10 Tank	Date of 1e	ESL.									
Length of Test	Tubing Pro	Tubing Pressure				ssure		Choke Size			
Actual Prod. During Test				Water - Bb	ols.		Gas- MCF				
Actual From During Test	Oil - Bbls.	•									
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conc	Bbls. Condensate/MMCF			Gravity of Condensate		
Tracing Mathod (size) back 1	Tubing Pressure (Shut-in)					ssure (Shut-in)		Choke Size			
resung meurou (puot, back pr.)											
VI. OPERATOR CERTIFIC	CATE OF	F COMI	PLIA	NCE		OIL COI	VICED!	ΔΤΙΩΝ	חואופות	NC	
I hereby certify that the rules and regu	lations of the	e Oil Conse	rvation	1		OIL COI	49EU A				
Division have been complied with and is true and complete to the best of my	i inai the info knowledge a	ormation given and belief.	en abo	J46	Da	te Approve	ed	MA	R 301	440	
12 31	121	/ .				ie rippiove					
Druce// Fallers						By Orig. Signed by					
Signature Bruce M. Patterson Vice President-Engineerin						Paul Kautz Geologist					
Printed Name		(202)		0pera	11 8144	le					
3/13/90 Date			ephone	1−3707 • 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
- 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.

MAR 2 9 1990 HOBBS OFFICE