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

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

V 540 minutes and 1 ,	REQUE		NICD	DRT OIL	AND NAT	URAL GA	S.			
		U IHAI	NOF	JA I OIL/	אוזט ואחו	<u> </u>	Well Al	PI No.		
rator			30-	30-025-22744						
D-Mil Production, In	<u>c. </u>									
iress P.O. Box 49, Argyle,	тх 7623	26								
ason(s) for Filing (Check proper box)	1K 102	<u> </u>			Other	(Please expla	in)			
w Well		Change in								
completion	Oil	_	Dry Ga		Effect	ive 3/1/	/92			
ange in Operator	Casinghead		Conden							
ange of operator give name address of previous operator Esta	icado, I	nc. P.	0. B	ox 5587	, Hobbs,	NM 8824	11			
DESCRIPTION OF WELL	AND LEA	SE					Vind of	f I ease	Le	ase No.
ase Name	Well No. Pool Name, Include				ig Formation			Kind of Lease Lease No XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Pruitt "A"			Vad	a Penn						
cation Unit LetterE	. 18	30	Feet F	rom The No	rth_Line	and <u>660</u>	Fee	et From The _	West	Line
Om Dan						IPM,	Lea			County
Section 22 Townsh			Range							
. DESIGNATION OF TRAI	SPORTE	R OF O	<u>IL AN</u>	D NATUE	RAL GAS		hich approved	copy of this fo	orm is to be se	nt)
ame of Authorized Transporter of Oil		or Conder	isate		Voorces (O.					•
Enron Oil Trading &	Transpo	rtatio	on		P.O. Bo	10607,	Midland hich approved	copy of this fo	orm is to be se	nt)
ame of Authorized Transporter of Casii	nghead Gas		or Dry	Gas	Address (Giv	. 1500	Tulsa, C	7410	2	•
Warren Petruleum Com			·		Is gas actuall	connected?	When			
well produces oil or liquids,	Unit i	Sec. 22	Twp.	34E		· ····································		1/3/69		
e location of tanks. this production is commingled with that	1 - 1		1	ve commingli	ing order num	ег:				
this production is commungled with that /. COMPLETION DATA	r tioni any ou	01	r, 8							bire P
	an.	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	1 - (X)	Dania.	Dend		Total Depth	L		P.B.T.D.	.L	
ate Spudded	E Spudded Date Compl. Ready to Prod.									
Ountions (DE DVD DT CD atc.)	tions (DF. RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Depth Casing Shoe			
erforations	_,							Deput Cash	TR SHOE	
					COLL COLL	NO DECO		<u> </u>		
					CEMENTING RECORD DEPTH SET				SACKS CEN	ENT
HOLE SIZE	CA	ASING & T	UBING	SIZE	 	DEP IN SE	1	+		
								 		
					+					
. TEST DATA AND REQU	FST FOR	ALLOV	VABL	E						
7. TEST DATA AND REQUI OIL WELL (Test must be afte	r recovery of	total volum	e of loa	d oil and mus	t be equal to o	r exceed top a	llowable for th	is depth or be	for full 24 ho	urs.)
Date First New Oil Run To Tank			_ - _				1:4	etc.)		
ALE THAT HOW ON HOME	Date of T	est			Producing N	lethod (Flow,	pump, gas iyi,	,		
Date I list from On Road					Producing N		pump, gas tyt,		e	
	Date of T				Producing N Casing Pres		pump, gas iyi,	Choke Size	e	
Length of Test	Tubing P	ressure			Casing Pres	sure	pump, gas tyt,			
Length of Test		ressure			Producing N	sure	pump, gas tyt,	Choke Siz		
Length of Test Actual Prod. During Test	Tubing P	ressure			Casing Pres	sure	pump, gas tyt,	Choke Size		
Length of Test Actual Prod. During Test GAS WELL	Tubing P	ressure			Casing Pres Water - Bbl	sure	par, p. 13.	Choke Size		
Length of Test Actual Prod. During Test GAS WELL	Tubing P	ressure			Casing Pres Water - Bbl Bbls. Cond	sure	pa., p. (8-2-7, 7)	Gas- MCF	f Condensate	
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing P Oil - Bbl	ressure	hut-in)		Casing Pres Water - Bbl Bbls. Cond	gure	pa., p. (8-2-7, 7)	Choke Size	f Condensate	
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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.