## 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 TO TRANSPORT OIL AND NATURAL GAS

[.	TOTRA	SPORT OIL	AND NATORAL GAS	Well A:	No
Operator Estacado, Inc.				Well X	30 025 22744
Address					
P. O. Box 5587, Reason(s) for Filing (Check proper box)	Hobbs, New M	exico 88241	Other (Please explain	i)	
New Weil	Change in	Fransporter of:			
	Oil Dry Gas Oil gatherer			therer	<pre>ffective date:</pre>
Recompletion					January 1, 1991
Change in Operator  f change of operator give name	Caangicad Cas	<u> </u>			
and address of previous operator					
II. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Formation   Kind of the Control of the Contr					ease Lease No.
Lease Name Pruitt "A"	Pruitt "A"  Well No. Pool Name, including Poli  1 Vada Penn			State, I	cieral of Fee
Location					
Unit LetterE	:1830	Feet From The	NorthLine and 660	Fec	From The West Line
Section 22 Townshi	, g.s	Range 34 E	, nmpm, Lea	·	County
	anongen of o	T AND NATED	DAT CAS		
III. DESIGNATION OF TRAN	SPORTER OF O	L AND NATUL	Address (Give address to whi	ch approved	by of this form is to be sent)
Name of Authorized Transporter of On Poy 118					TX 77251-1188
Name of Authorized Transporter of Casinghead Gas			Address (Give address to whi	ch approved	New Mexico 88265
Warren Petroleum Com	arren recroteum company				, New Mexico dozos
If well produces oil or liquids, give location of tanks.	Unit   S∞.	Twp.   Rge.   9 S   34 E	Is gas actually connected?	When	1-3-69
If this production is commingled with that					
IV. COMPLETION DATA				Deepen	Plug Back   Same Res'v   Diff Res'v
Designate Type of Completion	Oil Well - (X)	Gas Well	New Well   Workover	Deepen	lug back   Same Res
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		∂.B.T.D.
exations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				O A Code Char	
Perforations					Depth Casing Shoe
	TURING	CASING AND	CEMENTING RECOR	D	
1101 5 6175	CASING & T		DEPTH SET		SACKS CEMENT
HOLE SIZE	O A O I TO A				
THE OWNER AND DECISE	CST FOR ALLOW	ABLE			
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 to					is lepth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pr	ump, gas lift,	ei.
			Casing Pressure		hoke Size
Length of Test	Tubing Pressure		Casing Flosone		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF
GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
Testing Method (pitot, back pr.)	Tubing Pressure (St	iut-in)	Casing Pressure (Shut-in)		hoke Size
	CATE OF CO.	IDI IANCE			4. TION DU (1010N)
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION		
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 n	•	Date Approv	ed		
Date Approximation of the second of the seco					
Jona Jo	<del></del>	Ву			
Signature Donald L. Gar	resident				
Printed Name 12/20/90	Title 93-6300	Title			
Date 12/20/90		Telephone No.		المراجع	The second of th
		34 A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

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 seviation 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.