Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	101	HANSPURT U	IL AND NATURAL C	CAC					
Operator Wagner & Brown, Ltd.		Well API No. 30-025-23068							
Address P.O. Box 1714, Midla		 702							
Reason(s) for Filing (Check proper box)		702	Other (Please ex	-lai-\		_			
New Well	Chana	a in Tonomana afi	Outer (1 tems 24)	prain)					
=	=	e in Transporter of:		Eff	.1/1/93				
Recompletion	Oil	Dry Gas							
Change in Operator X If change of operator give name	Casinghead Gas	Condensate							
and address of previous operator Was	gner & Brow	n, P.O. Box	1714, Midland, 1	TX 79702) 	· · ·	···		
II. DESCRIPTION OF WELL	AND LEASE		의						
Lease Name Doris		No. Pool Name, Inclu	iding Formation		of Lease Fee Federal or Fee	L	ease No.		
Location			;ley-Pennsylvania						
Unit Letter	_:553.	9 Feet From The _	South Line and 18	73.9 Fe	et From The	East	Line		
Section 18 Townshi	ip 113	Range 33E	, NMPM,		Lea		County		
							County		
III. DESIGNATION OF TRAN							_ .		
Name of Authorized Transporter of Oil		ndensate	Address (Give address to				ent)		
Amoco Pipeline Comp			P.O. Box 591,						
	of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be so Warren Petroleuem Corporation P.O. Box 1589, Tulsa, OK 74101						ent)		
If well produces oil or liquids,	Unit Sec.	Twp. Rg				·			
give location of tanks.	0 18	Twp. Rg 115 33E	1 -	When	6/14/	69			
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give commin	ngling order number:						
Designate Type of Completion	- (X) Oil V	Vell Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Read	ly to Proc.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth					
Perforations				Depth Casing Shoe					
	TUBIN	IG, CASING ANI	D CEMENTING RECO)RD	i				
HOLE SIZE	CASING 8	TUBING SIZE	DEPTH SE	DEPTH SET			SACKS CEMENT		
				,	<u> </u>				
V. TEST DATA AND REQUES	ST FOR ALLO	WABLE			·				
OIL WELL (Test must be after r	recovery of total volu	une of load oil and mu	ist be equal to or exceed top a	illowable for thi	s depth or be for	full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,	pump, gas lift,	etc.)	<u> </u>			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls.		Gas- MCF			
GAS WELL	!				<u>:</u>				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
Testing Method (puot, back pr.)	Tubing Pressure (S	Shut-in)	Casing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIANCE			<u> </u>				
I hereby certify that the rules and regul	OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above			APR 2 8 1993						
is true and complete to the best of my	knowledge and belie	f.	Date Approv	ed	APK	20 B	บง 		
to the second will be the second to the seco				signed by					
Signature Suban Seyadan	Operat	ions Clerk	By Paul	Kauta ologas					
Printed Name 4/19/03		Tide 86-5562	Title						
Date		Telephone 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. H. H. and VI for changes of operator, well name or number management or other such