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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

| • | | IUIR | SVIN | PURI UII | - AND NA | I UHAL G | NO. | | | | |
|---|----------------------------|-----------------------------|--|---------------------------|--|---------------------------------------|----------------|----------------|---------------------------------------|-------------------|--|
| perator | | | | | | | | API No. | n 5 | | |
| CARR WELL SER | | | <i>30-025-23344</i> ··· | | | | | | | | |
| dress P.O. BOX 6909 | ם חודי | SSA, ' | TEX | AC 707 | 69-909 | ^ | | | | | |
| ason(s) for Filing (Check proper box) | | 33K, | IEA | 13 /9/ | | er (Please expl | (ain) | | | | |
| w Well | • | Change i | n Tran | sporter of: | ~~ | or (1 iemse exp | , | | | | |
| completion | Oil | | Dry | | | | | | | | |
| ange in Operator | Casinghe | ad Gas | ~ · | densate | | | | | | | |
| nange of operator give name | CITY | | | | CICUIDE | ELVD. | 1.4011 1 | T 900 IS | OC AND | PIPC | |
| address of previous operator | CITY | OIL C | 0. | OTOO W | LESHIKE | • תאיים | TALK I | LOOK I | JOS ANG | ELES, | |
| DESCRIPTION OF WELI | L AND LE | ASE | | | | | | | | 900 | |
| ase Name Well No. Pool Name, Includ | | | | | ing Formation | | | Kind of Lease | | Lease No. | |
| SHERIDAN | | 1 | | VADA (F | ENN) | | (State) | Federal or (Fe | ان 30-0 | 25-233 | |
| cation | | | | | | | | | | | |
| Unit Letter | : | 660 | Feet | From The _F | SL Lin | e and6 | 60 F | et From The | FWL S | Line | |
| a. 12 a | | p T-9-S Range R-33 | | | | | | | - 7 | | |
| Section 13 Towns | hip 1 - S | 7-5 | Ran | ge x-33 | -E ,N | MPM, | | P. | ····· | County | |
| DESIGNATION OF TRA | NSPORTI | ER OF C | MI. A | ND NATE | DAT GAS | | | | | | |
| me of Authorized Transporter of Oil | | or Coade | | | | e address to w | hich approved | copy of this | form is so be se | ent) | |
| | لـــا | | | ليا | | | •• | | | | |
| me of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | int) | |
| vell produces oil or liquids, | Unit | Unit Sec. Twp. | | . Rge. | Is gas actually connected? | | When | /hen ? | | | |
| | | <u> </u> | | | | | | | | | |
| is production is commingled with the COMPLETION DATA | k HOIR KBY OL | THEIR SOUTHER OF | pool, | Brae constituti | rug order mun | oer: | | | | | |
| | | Oil We | <u>, </u> | Gas Well | New Well | Workover | Deepen | Phug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | n - (X) | У | | | | | 500 | | 1 | | |
| e Spudded | Date Com | pl. Ready 1 | o Prod | | Total Depth | · · · · · · · · · · · · · · · · · · · | | P.B.T.D. | - | | |
| 6-2-75 | | 6-10-75 | | | | 9787 | | | 9700 | | |
| vations (DF, RKB, RT, GR, etc.) | Name of 1 | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| 4346 PENN | | | | | 9651 | | | 9600 | | | |
| orations | | | | | | | | Depth Casis | ng Shoe | | |
| | | | | ND 10 1 1 10 | | VA PEGON | | <u> </u> | | | |
| TUBING, CASING A | | | | | | | | SACKS CEMENT | | | |
| HOLE SIZE | UP CP | CASING & TUBING SIZE | | | | DEPTH SET | | | · · · · · · · · · · · · · · · · · · · | | |
| | | 13 3/8 | | | 400 | | | 425 | | | |
| | | 8 5/8 5 1/2 | | | | 3972 | | | 400 700 | | |
| | | 5 1, | 2 | | | 9700 | | <u> </u> | 700 | | |
| TEST DATA AND REQUI | EST FOR | ALLOW | ABL | E | 1 | | | 4 | | | |
| L WELL (Test must be after | | | | | be equal to or | exceed top alle | owable for thi | s depth or be | for full 24 hou | rs.) | |
| e First New Oil Run To Tank | Date of To | | | | | thod (Flow, pi | | | | | |
| | | | | | | | | | | | |
| igth of Test | Tubing Pr | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| | | | | | | | | I C. MCF | | | |
| ual Prod. During Test | Oil - Bbls. | | | Water - Bbis. | | | Gas- MCF | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> | | | <u></u> | | | |
| AS WELL | | | | | | | | | · | | |
| ual Prod. Test - MCF/D | Length of | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | |
| | This December (Charles In) | | | | 6 | | | Choke Size | | | |
| ting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | CHOKE SIZE | | | | |
| | | | | | <u> </u> | | | <u> </u> | | | |
| . OPERATOR CERTIFIC | CATE O | F COM | PLIA | NCE | (| DIL CON | ISEBV | ATION | חועופוכ | M | |
| hereby certify that the rules and reg | | | | | 11 | DIE OON | 10LIT V | | | | |
| Division have been complied with an is true and complete to the best of my | | | ven abo | ove | | _ | | FER (| 7 1990 | Ĺ | |
| is true and combined to the new of the | athomsonic s | um Utilti. | | | Date | Approve | d | , P. P. | , n e.w. an | ··· | |
| But to | | | | | | | | | | | |
| Signature / San All at | | | | | By Orig. Signed by Paul Kautz | | | | | | |
| Signature Ben Montgomery President | | | | | Geologist | | | | | | |
| Printed Name | | (0:5) | Title | | Title | <u> </u> | | , | | | |
| 2/6/90 | | <u></u> | | -4324 | | | | | | | |
| Date | | Tel | ephone | : NO. | 11 | | | | | | |

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.

*ECEIVED

FEB 7 1990

HOBBS GRACE