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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	i	O THAN	SPORT OIL	AND NA	TUHAL GA					
Operator BORDEAUX PETROLEUM COMPANY							Well API No.			
Address 333 W. HAMPDEN AVE.	SUITE 60	4, ENGL	WOOD, COL	DRADO 8	0110					
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator			ansporter of:  ry Gas	Oth	er ( <i>Please expla</i> Effect	in)	/90			
If change of operator give name			rs, INC.12	28/12 VAI				POVE C	A 02645	
and address of previous operator			15, 1110.12	EO4Z VAL	PPI ATEM				A 92043	
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Includin								Producer(SI)  of Lease No.		
								Ременам Гес		
Location		····				0.5				
Unit Letter P	:330	Fe	et From The S <u>O</u> 1	ith Lin	e and <del>-900</del>	990 Fe	et From The	East	Line	
Section 22 Towns	hip 9-S	Ra	inge 36-E	, N	MPM, L	ea		······································	County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil Mobil Pipe Line Comp		or Condensate		Address (Giv	e address to wh Box 900,		•		ent)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Co.					Address (Give address to which approved copy of this P.O. Box 1589, Tulsa, OK 7				ent)	
If well produces oil or liquids,	<del></del>	Sec.   Tv	vp. Rge.				When ?			
give location of tanks.	<u>i m i</u>	23	9 36	<del></del>		llar	ch 20, 1	973		
If this production is commingled with the IV. COMPLETION DATA	t from any othe									
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to Pro	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations						····	Depth Casin	g Shoe		
	TI	UBING, CA	ASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
			<del></del>							
		· <u></u>								
V. TEST DATA AND REQUI	EST FOR A	LLOWAB	LE	he equal to or	exceed ton allo	numble for thi	e denth or he i	for full 24 hou	re)	
					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
C. C. WILL						,				
GAS WELL Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conder	isate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	ulations of the O	Dil Conservati nation given a	on	4.1	OIL CON		ATION M/	DIVISION NEC	ON 1990	
12ruce 3/1	Falle	(400		By_			۵ مد. ویر	d <b>by</b> .		
Signature Bruce M. Patterson V	ice Pres	ident-E	ngineering	3		C	rig. Signe Paul Kai	ıtz		
Printed Name	3) 761-3	Ti: 707	u.Operatio	ns Title			Geologi	50 		
Date		Telepho	one 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.

RECEIVING

MAR 2 9 1990

OCD **Hob**as Offi**ce**