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Appropriate District Office:
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <i>Baker Well Servicing Co.</i>	Well API No. <i>30-025-26566</i>
Address <i>P.O. Box 1772 Hobbs N.M. 88240</i>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <i>Mark D. Clarke</i>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Tract 23</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>CAPRAKESIN FANT</i>	Kind of Lease (State) Federal or Fee	Lease No. <i>696185</i>	
Location					
Unit Letter <i>K</i>	<i>1780</i>	Feet From The <i>5</i>	Line and <i>1780</i>	Feet From The <i>61</i>	Line
Section <i>23</i>	Township <i>12-3</i>	Range <i>30E</i>	NMPM, <i>66A</i>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Navajo Refining Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Drawer 159 Artesia N.M. 88210</i>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Wagoner Pet</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1150 Lordsburg NM 87042</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>K</i>	Sec. <i>23</i>	Twp. <i>12</i>	Rge. <i>30E</i>	Is gas actually connected? <i>YES</i>	When? <i>4-18-80</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 my knowledge and belief.

Mark D. Clarke
Signature
Mark D. Clarke
Printed Name
9/27/89
Date
505 371-5702
Telephone No.

Engineer
Title

OIL CONSERVATION DIVISION
OCT 2 1989
Date Approved
By *Paul Kauts*
Title
Geologist
Order Signed by

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.

RECEIVED

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SEP 27 1999
OCD
MOBBS OFFICE