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

State of New Mexico gy, Minerals and Natural Resources Departmen.

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRAN	<u>NSPC</u>	DRT OIL	AND NA	TURAL GA					
Operator							Well API No.				
D. M. Norman								30-041-00133			
Address 606 W. Tennessee, sui	to 104	Mi d1 aı	nd '	Tovac	79701						
Reason(s) for Filing (Check proper box)	CC 10-1,	THUTU	1147	- CAGS		net (Please expla	iin)				
New Well		Change in T	ranspor	ter of:		(* ********************************	7				
Recompletion	Oil	[X] r	Ory Gas								
Change in Operator	Casinghead	Gas 🗌 (Condens	nate 🗌							
If change of operator give name and address of previous operator											
• •	ANDIDA		m'ii		·				-		
II. DESCRIPTION OF WELL Lease Name	AND LEA			ne lacket	ing Formation		Kind	of Lease	10	ase No.	
Weathersby	A San Andr			1			Federal or Fee 3483				
Location		· · ·	1						<u> </u>		
Unit Letter	: 66	<u>υ</u>	eet Fro	m The $\frac{\Lambda^{\prime}}{2}$	irth Lin	e and 660) Fe	et From The <u>ii</u>	rest	Line	
Section 24 Townshi	p 8S		Range	34E	, N	MPM,	Roo	sevelt		County	
III. DESIGNATION OF TRAN	CPODTEI	OF OIL	ANT	NATTI	DAI GAS						
Name of Authorized Transporter of Oil		or Condensa				ve address to wh	ich approved	copy of this form	is to be ser	u)	
Pripe Pipeline Company					P. O. Box 2436, Abilene, Texas 79604						
Name of Authorized Transporter of Casia	Address (Give address to which approved copy of this form is to be sent)										
Warren Petroleum (No											
If well produces oil or liquids, give location of tanks.	Unit :				Is gas actually connected? When			7			
If this production is commingled with that					ing order sum	her			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA	nom any our	· KLLD OI po	, g. 10	- Consisting	ing oroca main	<u> </u>					
		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			Total Depth			.		1	
Date Spudded	Date Compi.	Date Compl. Ready to Prod.						P.B.T.D.			
Elempions /PE PER PE CR vol	Nome of De	Ai F	4!		Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil and Tay			Tubing Depth			
Perforations								Depth Casing Shoe			
								,			
	CEMENTING RECORD										
HOLE SIZE	IOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									 _		
V. TEST DATA AND REQUES	T FOR AI	LLOWAE	BLE		L			<u> </u>	 -		
OIL WELL (Test must be after re	covery of total	al volume of	load oil	and must	be equal to or	exceed top allo	wable for this	depth or be for j	full 24 hours	r.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test		· · · · · · · · · · · · · · · · · · ·			Carian			Chaha Cia			
Length of Test	Tubing Pressure				Casing Press.	rie		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL								· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Length of Te	est			Bbis. Conden	sate/MMCF		Gravity of Cond	ensate	 -	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
						····					
I. OPERATOR CERTIFICA				Œ		NI CONI	CEDVA	TION D	VIOIO		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my ki	ne me morini nowledge and	acion given i belief.	boove					PR 13 199	33		
1)1111					Date	Approved		····································			
Ill morning						OBIOGRIAL &	LONG BY	LEBBY COVE	")	-	
Signature		•			By_		METHOD ST	JERRY SEXTO	₩		
D. M. Norman Printed Name	Or	<u>perator</u> Ti	ile								
04-01-93	(915	5) 682-		, [I itle.				-		
Date		Telepho									

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.