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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAYTON E	NTERRIS	15, 1	ve.		Well	30-0	141-00	0169	
	111 57.			Tx.	199		4,044	4.00 to 10.00 to 10.0	
Reason(s) for Filing (Check proper box)			չ⊻ Օսհ	ет (Please explo	zin)				
New Well Recompletion		Transporter of:	CHA	UGE LEA	SE NA	ne fa	ELL N	o,	
Recompletion A Change in Operator		Dry Gas						(s?ln	
If change of operator give name	Casinghead Gas	Condensate	CIVICITI			4		16. 27	
and address of previous operator				Can	cei ai	llais	- Pen	n cilia	
II. DESCRIPTION OF WELL	AND LEASE	K9843	•	3/1/93					
Lease Name	ing Formation Kind of Lease Lease No.								
EL ZORRO E F	EDERAL 4	ALLISONS	SAN AN	DRES EA	State	Federal or Fe	· NM	02218	
Location	1000	_	,				4		
Unit Letter	1980	Feet From The 🗘	ORTH Line	and <u>198</u>	80 Fe	et From The	WE	<u>S</u> Line	
Section 28 Townshi	, 8s	Range 37	E,N	MPM, 🗲	Coose	VELT		County	
III. DESIGNATION OF TRAN	SPORTER OF OU	I. AND NATH	DAL CAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								eni)	
MANAJO REFINING	Box 159 ARTESIA, N.M. 88210								
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Box 15			OKLANDMA 79102			
If well produces oil or liquids, give location of tanks.			Is gas actually connected? When			1972			
	B 33	85 37E		ES					
f this production is commingled with that IV. COMPLETION DATA									
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to		Total Depth	0.4		P.B.T.D.			
	5-24-1974		9544			5060			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay 4825			Tubing Depth			
Perforations Perforations			<u> </u>	7023			4900		
1825, 1833, 1838, 1813, 1818, 1813				Depth Casing Shoe 5/00					
1023, 1033, 103	TUBING (CASING AND	CEMENTIN	JG RECORI	2077	·			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
172	133/8		386			350			
12 \$	95/8		~	4220			2825		
7%	51/2		5100		175				
V. TEST DATA AND REQUES		-	This 1	test.	trken	Fram	J C-11	6	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	load oil and must					or full 24 hou	rs.)	
NA	7-31-73 NA		Producing Method (Flow, pump, gas lift, et			(6.)			
Length of Test	1 21 1 1		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
						70			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	A TE OF COLUMN	*******							
VI. OPERATOR CERTIFICATE OF COMPLIANCE				II CON	SERVA	I MOLTA	אואוכור	IAC	
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 k	SEP 15 '92								
				Approved					
Small to Destan				Onicibire -					
Signature				ORIGINAL S			XION		
Printed Name Title			Title						
9-2-92 806/785-1638									
Date	Teleph	none 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, 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.

such changes. 9-15-97 & 3A: 1 alleron Penn Parted L'are Maine Chang