Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Eox 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 I.	Ene: ₆₂ , Minerals and National CONSERVA OIL CONSERVA P.O. Bo Santa Fe, New Mo REQUEST FOR ALLOWAR	ew Mexico ural Resources Department TION DIVISION ox 2088 exico 87504-2088 BLE AND AUTHORIZAT AND NATURAL GAS	- Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
Operator Bison Petroleum Corpo			Well API No. 30-041-00188
Address 5809 S. Western Suit Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator X		79110-3607 Duter (Flease explain) Effective 12-1 < 552, Midland, Texa	-93
II. DESCRIPTION OF WELL	AND LEASE		Kind of Lease Lease No.
Lease Name State BPA	Well No. Pool Name, Includi		Kind of Lease Lease No. State, Redardlyak Ret E-6327-1
Location Unit LetterD Section 32 Townsh	Feet From The		Feet From TheWestLine Roosevelt County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Scurlock Permian Cor Name of Authorized Transporter of Casin	ighead Gas or Dry Gas	Address (Give address to which ap <u>PO Box 4648</u> , Housto Address (Give address to which ap	pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	D 32 85 37E	no	When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
Designate Type of Completion		New Well Workover De	P.B.T.D.
Date Spudded	Date Compl. Ready to Prxl.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll Cas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	STFOR ALLOWABLE recovery of total volume of load oil and must Date of Test	he equal to or exceed top allowable Producing Method (Flow, pump, g	e for this depth or be for full 24 hows.) as liji, 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	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui-In)	Choke Size
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my Signature 1 Linda Scott Admin: Printed Name	alations of the Oil Conservation I that the information given above knowledge and belief.	Date Approved By Title	SIGNED BY IFRRY SEXTON
<u>1-25-94</u> Date	Telephone No.		NSTINCT I SUPERVISOR

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.