Appropriate District Office DISTRICT I	Energy, Minerals and Natural Resources Department					Revised 1-1-07 See Instructions at Bottom of Page			
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVIS JN P.O. Box 2088							-	
DISTRICI III	Santa Fe, New Mexico 87504-2088								
1000 Rio Brizos Rd., Aziec, NM 87410 I.	REQUEST F TO TR								
Openitor			:		Well A	PI No.			
Address P. O. Box 51311	Midland,	Texas 79710		·	l				
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·		(Please explai	in)				
New Well Recompletion Change in Operator	· _	Dry Gas							
If change of operator give name and address of previous operator		<u> </u>							
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No		State			(Lease oderal) or Fee	Les	ke No.	
Milnesand Unit	514	Milnesa	ind-San Ai	ndres			1		
Unit LetterJ NW SE	: 1980	_ Fed From The SC					last	Line	
Section 24 Township	8S	Range 34E	<u>, NM</u>	РМ,	ł	Roosevelt	- <u></u>	County	
III. DESIGNATION OF TRAN Name of Authonized Transporter of Oil			Address (Give	•		copy of this form)	
Pride Pipeline Compa Name of Authonized Transporter of Casing		or Dry Gas	P. O. Box 2436 Abiler Address (Give address to which approved					r)	
Warren Petrol									
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. Rge.	It Bat activity	s gas actually connected? When t				•	
If this production is comminged with that IV. COMPLETION DATA	from any other lease (or pool, give comming	ling order numb	er					
Designate Type of Completion	• (X)	ell Gas Well	New Well	Workover	Deepen	Plug Back Si	ime Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	lo Prod.	Tau Depir		l	P.B.T.D.		l	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top OIVCas Pay			Tubing Depth			
Perforsuioas	· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe					
HOLE SIZE	CASING & TUBING SIZE		CEMENTING RECORD			SACKS CEMENT			
······									
·····		· · · · · · · · · · · · · · · · · · ·				 	·	·····	
V. TEST DATA AND REQUES	TEOPALLOY	T FOR ALLOWARIE							
			be equal to or i	exceed top allo	wable for thu	depth or be for	full 24 hours	•)	
Date First New Oil Run To Tank	covery 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 of Tes Producing Method (Flow, pump, gas lyl, etc.)								
Leagth of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bols.			Gu- MCF			
GAS WELL	1		<u></u>		· · · · · · · · · · · · · · · · · · ·	!			
Actual Prod. Test - MCF/D	Length of Texi		Bols. Cooden 12 W/MCF			Gravity of Condensate			
"esting Method (pilot, back pr.)	Tubing Pressire (Sh	ຟ-ທ)	Cleang Pressure (Shul-in)			Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	wors of the Oil Cons	CTV31100	С		ISERV	ATION D	IVISIO	N	
Division have been complied with and the is true and complete to the best of my k	MAP 1 of								
Acres	7		Date	Approve					
Signature	By Orig. Signed by By Paul Kentre								
Gary S. Barker Pristed Name	Vice	President		. JG	eologiet				
	<u> </u>	583-3171 lephone No.	Title_						
INSTRUCTIONS: This form	n is to be filed in	compliance with		nin tatan ƙwallon ƙasar	and the state of the state		۲¢-		

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 fulled 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.