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

State of New Mexico Energy, Minerals and Natural Resources Department

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., Aziec, NM 87410

I.	REC					AUTHOR					
Operator	L AND NATURAL GAS Well API No.										
Orbrie Luman	30-041-10184										
	esand,	N.M.	8812	25							
Reason(s) for Filing (Check proper box					O	iher (Please expl	lain)	······································			
New Well		Change i	-								
Recompletion	Oil Casingh		Dry C								
If change of operator give name and address of previous operator					12 m			04 14: 31 -	m	707	
-		NO1	man	000	w renn	essee-s	uite i	04 Midla	ina, T	EX. 191	
II. DESCRIPTION OF WEL	L AND LE	· · · · · · · · · · · · · · · · · · ·	T				т 22				
Lease Name Mildred Hudson									of Lease Lease No. Federal or Fee 10597		
Location			11.17.1	Liiesaii	u san i	Allul es			100	<u> </u>	
Unit Letter I	:6	60	_ Feet F	rom The	E Li	ne and231	1 <u>0</u> F	eet From The	s	Line	
Section 23 Town	8 %	'S	Range	34E		IMPM, Ro	osevel			Country	
Section 2.5 Town			Kange	34 <u>E</u>	, <u>r</u>	MPM, RC	oseve.	<u> </u>		County	
III. DESIGNATION OF TRA	NSPORTI			ND NATU							
Name of Authorized Transporter of Oil Or Condensate Scurlock Permian					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, Tex. 77210-4						
Name of Authorized Transporter of Ca			or Dry	Gas				l copy of this form			
<u> </u>										-	
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 23	Twp. 85	34E	Is gas actually connected?		When	When ?			
f this production is commingled with the	at from any ot	her lease or	<u> </u>		ling order nun	sber:	L			V	
V. COMPLETION DATA											
Designate Type of Completic		Oil Well	i_	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ume Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Dep					
Perforations								Depth Casing Shoe			
TUBING, CASING AN					CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
***************************************	<u> </u>										
								ļ	·		
. TEST DATA AND REQUI									6.11.24.L	- \	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load	ou and must		exceed top allo ethod (Flow, pu			Juli 24 Nour	1.)	
ength of Test	Tubing Pro	Tubing Pressure			Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condes	inte/MMCF		Gravity of Con-	densate		
esting Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	NCE		211 CON	ICEDY (ATION D	Meio	NI.	
I hereby certify that the rules and reg Division have been complied with an					'	JIL CON		ATION DI		IA	
is true and complete to the best of m			ed 600V6	•	Date	Approved	d <u>0</u>	CT 13 19	93		
Thing f	um	My			D.,	001	GINAL SIC	NED BY (EB)	Y CEYTA)N	
Signature Orbrie Luman Owner					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	uman 5) 675-		Title		Title						
Date			phone N	lo.							

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.