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## 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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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Change in Prespond to Boy Clark Change in Transporter of Coll Dry Clar Change of speriors for Name of Producing Formation and address of previous operator Mirms Texas oll & Gas, 7060 S. Yale, Ste. 707, Tulsa, OK 74: DESCRIPTION OF WELL AND LEASE Leave Name MOrgan "B" John Mills Producing Formation Unit Letter C "B" OF Feet From The John Mills Producing Formation Andrew Figure State, Feet From The Line and C S Feet From The John Mills Producing Formation Address Great and State, Feeter of the State Office address to which approved copy of this form is to be sens) The production in comminged with the from any other lease or pool, give commingling offer number: V. COMPLETION DATA Designate Type of Completion - (X) Discontinum Tubbing, CASING and CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE  Tubbing, CASING and CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE  Tubbing Freezare  CASING & TUBING SIZE  CASING & TUBING SIZE  Casing Pressure  Chairs Pressure  Chairs Free Coll Run To Task  Date of Text  Chairs Free Coll Run To Task  Casing Pressure  Chairs Free Run To Coll Run To Task  Casing Pressure  Chairs Free Run To Coll Run To Task  Casing Pressure  Chairs Free Run To Coll Run To Task  Casing Pressure  Chairs Free Run To Coll Run To Task  Casing Pressure  Chairs Free Run To Coll Run To Coll Run To Task  Casing Pressure Run To Coll Run To Task  Casing Pressure Coll Coll Run To Task  Casing Pressure Coll Coll Run To Coll Run To Coll Run To Task  Casing Pressure Coll Run To Task  Casing Pressure Coll Run To Coll Run To Coll Run To Task  Casing Pressure Co		<u> </u>				Oth	et (Please expl	zin)					
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Unit Letter C :	Morgan "B"	edind	5	Cha	averoc	San A	ndres F	State,	Federal or Fe	e NM-	055828		
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II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Some of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give a				_							County		
Name of Authorized Transporter of Oil  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  When 7  It was producion of tauks.  Unit Sec. Twp. Reg. Is gas actually connected?  When 7  W			OFO						100 p		-,		
Name of Authorized Transporter of Casinghead Gas  Of Dry Gas  If well produces oil or liquids, If w	Name of Authorized Transporter of Oil					Address (Giv	e address to wh	iich approved	copy of this f	form is to be se	ent)		
If well produces oil or liquids, Unit Sec. Twp. Rgs. It gas actually connected? When?  If we location of tanks.  Unit Sec. Twp. Rgs. It gas actually connected? When?  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Ret'v Date Spudded  Date Compl. Ready to Prod. Total Depth P.B.T.D.  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Itest must be after recovery 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 First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas life, etc.)  Casing Pressure Choke Size  GAS WELL Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas: MCF  OIL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief. TKL Oil Product S. June  Date Date Approved Date Survey.	Name of Authorized Transporter of Casi	lame of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
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Norma DeLonais Vice-President	Signature Norma DeLonais				ident		b	BTANCY (	SUPPREME.	7.5			
Printed Name  4/5/91 (918) 492-3047  Date  Title  Title  Title	4/5/91	(9	918)4 Tel	192-1	3047 No.	litte							

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
- 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.