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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST										
I	TOT	RANSP	ORT OIL	AND N	ATURAL	.GAS		BI NI-			
Operator									30-041-20023		
TKL OIL PROPERTIES	INC.		<u></u>				1 9	0011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
2343 E. 71st., Ste.	495, Tu	lsa,	OK 74	136							
Reason(s) for Filing (Check proper box)		· · · · · · ·			Other (Please	explain,			-		
New Well	Chang	e in Transp									
Recompletion	Oil	☐ Dry G	,								
Change in Operator X	Casinghead Gas	Conde		0.60	37 - 7 -	- 0	+ - 7	0.7	1 00 01	74136	
and address of previous operator PILIUS	Texas O	11 &	Gas, /	060 5	. Yale	e, S	te, /	07, Tu	lsa, OI	74150	
II. DESCRIPTION OF WELL A Lease Name	Well I		Name, Includi					Lease Federal or Fe		ase No.	
Federal 21-A	11_	Cha	veroo,	San A	ndres	For	State	redefaijor red	* NM-010	08997	
Location	198	O Feel F	m.	N.	ine and	61	00 Fe	et From The	ع	Line	
Unit Letter H		rea r		1.4							
Section 2 / Township	, 7S	Range	, 33E		NMPM,	Roos	evelt			County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL A	ND NATU	RAL GA	S		-				
Name of Authorized Transporter of Oil	or Co	ndensate		Address (Give address	to whici	approved	copy of this f	orm is to be ser	u)	
Name of Authorized Transporter of Casing	ghead Gas 🔀	1 or Dr	y Gas 🔲	Address (Give address	to which	approved	copy of this f	orm is to be see	u)	
OXU USA Inc	prest Cas	, o. D.,	, 525	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas acti	ally connecte	ed?	When	?			
give location of tanks.	 			ine order s							
If this production is commingled with that IV. COMPLETION DATA	rom any other leas	e or pooi, g	tve community	ing Order n	unoer.						
		Well	Gas Well	New W	ll Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				1					L	L	
Date Spudded	Date Compl. Read	dy to Prod.		Total Dep	Lh .			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations				<u> </u>				Depth Casing Shoe			
				: :							
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEF III SET						
								ļ			
		S		<u>L</u>				<u> </u>]	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLC)WABLI	E dail and music	he equal to	or exceed to	n allow	able for thi	s denih or he	for full 24 how	·s.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	une oj todo	a ou ana musi	Producing	Method (Fla	ow, pum	p, gas lift, e	tc.)	<i>jo. j</i> <u>2 · · · · · · · · · · · · · · · · · · </u>		
Date That New On New 10 1-12			_								
Length of Test	Tubing Pressure			Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF			
				<u> </u>				<u></u>			
GAS WELL	· · · · · · · · · · · · · · · · · · ·			1800 A	Januaria A.B. Ja	CE.		Committee of A	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIA	NCE		<u> </u>			AT:0:	D.V. (10:0		
I hereby certify that the rules and regul	ations of the Oil Co	onservation			OIL C	ONS	ERV	AHON	DIVISIO	N	
Division have been complied with and is true and complete to the best of my	that the information	n given abo									
TKL Qil Properties		cı.		Da	ate Appr	oved					
Signature Signature	- 1001900	•		By	قالمًا -	بنفيث	**************************************	हेर व्यक्ति	283. OM		
Norma DeLonais Printed Name	Vice-	-Presi Title	ident	+:	lo.	21.7			N.		
4/5/91	(918)	492-3	3047_		.ie						
Date		Telephone	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
- 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.