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

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 874	10 BEC	UESTE	OR ALLOWA	ARI E AND	ALITUOD	フィエハル				
I.	, ied		ANSPORT O							
Operator	ator					Well API No.				
Central Texas	30-C41-20343					343				
P.O. Box 1152	Breck	enrido	re, Texas	76024						
Reason(s) for Filing (Check proper box	r)				ner (Please exp	lain)				
New Well	Oil	Change in	Transporter of:	1						
Change in Operator xx11/1/1		ead Gas	Dry Gas Condensate							
If change of operator give name				5801 Ma	arvin D	Love	Frun	Suit.	0 305	
and address of previous operator	"		,		, Texas			, built	- 303	
II. DESCRIPTION OF WELL Lease Name	L AND LE		Pool Name, Inclu	dian Farmation				<del></del>		
Ainsworth-Federa				•			Kind of Lease State, Federal or Fee Federal		Lease No.	
Location		<u></u>	1		00 1100	30.1	receral	05	56261	
Unit LetterE	:1	980	Feet From The N	orth_Lin	e and <u>660</u>	) F	eet From The	West	Line	
Section 8 Town	chin O	-	D 200							
Secuote 8 Town	ship 8	S	Range 38F	·,N	MPM,	Roose	evelt		County	
II. DESIGNATION OF TRA	NSPORTE									
ame of Authorized Transporter of Oil xxx or Condensate				Address (Give address to which approved copy of this form is to be sent)						
JM Petroleum C. Name of Authorized Transporter of Car	orporat	ion_	or Dry Gas	2500	Allianz e address so w	Finan	cial C	entre		
N/A			·· 2., •••	1						
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp. Rge	. Is gas actually	y connected?	When	7	<del>Dallas</del>	, TX 75	
	8	81	<u>8S   38E</u>						••••	
this production is commingled with th V. COMPLETION DATA	at from any ou	ner lease or p	oool, give comming	gling order numb	er:	····				
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio			<u>i</u>	<u>i</u> i			I THE SECOND	Danie Res v		
Date Spudded	Date Com	pl. Ready to	Prod.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
		<b>.</b>						Twoing Deput		
erforations							Depth Casing	Shoe		
		TIRING (	CASING AND	CEMENTIN	IC PECODI					
HOLE SIZE	3	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	<del></del>			<del> </del>						
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE				L			
IL WELL (Test must be after	recovery of to	tal volume o	f load oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hour	·s.)	
ate First New Oil Run To Tank	Date of Tes	<b>s</b> t		Producing Met	hod (Flow, pur	np, gas lift, et	lc.)			
ength of Test	Tubing Pres	SSUTE		Casing Pressur			Choke Size			
		Training Training			Trouble					
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
				<u> </u>		·				
AS WELL ctual Prod. Test - MCF/D										
cual Frod. Test - MCF/D	Length of 1	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pres	saure (Shut-ir	n)	Casing Pressur	e (Shut-in)	-	Choke Size	<del></del>		
I. OPERATOR CERTIFIC					II 00N	05014	TION			
I hereby certify that the rules and regularision have been complied with and	lations of the (	Oil Conserva	tion	0	IL CON	SERVA	TION L	IVISIO	N	
is true and complete to the best of my	knowledge an	d belief.	<b>AUUV</b> E	Date:	A	•				
MIM	//			Date	Approved					
Jegg / fr	my			Ry		4 1 1	are maga	e sativi <b>v</b> ja	•	
Signature Gregg E. Gooda	.1	Pr	esident	(	* - 1 : \$7 ; }			7.1	· · · · · · · · · · · · · · · · · · ·	
Printed Name		T	ïtle	Title_						
	(	<u>RT/)</u> ;	559-2257							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.