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ropriate District Office
RICT 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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P to Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OIL	AND NA	TURAL G	AS				
perator								Well API No.			
High Plains Oil Company							30-041-20344				
P. O. Box 141		Ta	tum,	New Me	xico 88	3267					
Reason(s) for Filing (Check proper box) New Well		Channa in			Oth	et (Please expl	ain)				
Recompletion	Oil	Change in	Transpo Dry Ga								
Change in Operator	Casinghe	ad Gas	Conden								
If change of operator give name					04.1		<u> </u>				
			Corp	oratio	n - 21 v	lest St.	Suite 1	.905 - No	ew York	<u>, N.Y. 10</u> 0	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	•	Well No. Pool Name, Includi						of Lease No. , Federal or Fee		.ease No.	
Allie Partin et al 1 C				Chaveroo San Andres			Scate,	State, Federal of Fee		1	
Unit Letter P	_ :	660	. Feet Fr	orn The	S Lin	e and66	50F	eet From The	-8	Line	
Section 35 Townshi	<b>p</b> 7S	<b>.</b>	Range	32	E , N	мрм,	Rooseve	elt		County	
III DECICNATION OF TOAN	CDADAT	en or o	** **								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				<u>D NATU</u>		a address to w	bick annuals	l nome of this f	is to be a		
JM Petroleum	- X					Address (Give address to which approved copy of this form is to be sent) 2323 Bryan St. IB #185 - Dallas, Texas 75201					
	ne of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P. O. Box 300 - Tulsa, Oklahoma 74102					
If well produces oil or liquids,	Two										
give location of tanks.	Unit P	Sec.   35	Twp. 7S	1 32E	Ye	es	When		1973		
f this production is commingled with that	from any of	her lease or	pool, giv	e comming	ling order num	ber:					
V. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	.   (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
All the second s											
						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del></del>				<del> </del>			<del> </del>			
				······································				<del></del>			
V. TEST DATA AND REQUE:	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after t	<del></del>		of load o	oil and must			<u></u>		for full 24 ho	urs.)	
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
A. I. D. I. D. I. D. I.	O' DU				Water - Bbis.			Gas- MCF			
tual Prod. During Test Oil - Bbls.								17201			
GAS WELL				-	1						
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conder	sate/MMCF		Gravity of C	condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	E COM	TIAN	JCE	1			1			
				1015	(	OIL COM	<b>NSERV</b>	ATION	DIVISK	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						APR 2 7 1989					
is true and complete to the best of my	knowledge	and belief.			Date	Approve	ed	71 1/	~ ! !!		
B 11. 0 C	L.					• •					
Simpling South					By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Bobby Scoter President					DISTRICT I SUPERVISOR						
Printed Name 4/6/89	1 6	5 <b>0</b> 5) <b>3</b> 9	Title 8_434	LL L	Title				•,- •	4.14	
Date			eph ac N								

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 T, 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.

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