Submit 5 Copies Appropriate District Office DISTRICTI DISTRICTI	rgy, Minerals and Natur	ral Resources Depart <sup>* *</sup> 't	Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVA P.O. Bo		at Bottom of Page
DISTRICT III Santa Fe, New Mexico 87504-2088			
I COLOR RIO BITAZOS Rd., AZIEC, NM 87410 I REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator /		AND NATORAL GAS	PI No.
Address A A A A	Luveropmen.	F Cap. 30	041 20452
Reason(s) for Filing (Check proper box) Other (Please explain)			
New Well     Change in Transporter of:       Recompletion     Oil       Dry Gas			
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator	RBit Entupris	15 Box 476 200	Ungton NM
II. DESCRIPTION OF WELL AND LEASE Jonchawk Lease Name / / Well No. Pool Name, Including Formation / Kind of Lease Lease No.			
Location Location Lecture 1 Torn=Torn San Undres State, Federal or Fee NM 80166			
Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line			
section 30 Township 7 3 Range 32E, NMPM, KOOSLULT County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Mane - Swed well Name of Authorized Transporter of Qil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Scurtock Per	nian	PO Box 4648,	Nouston tx
Name of Authorized Transporter of Casing I R I dent NGL	head Gas 😰 or Dry Gas 🛄	Address (Give address to which opproved a 1200 GROGAT All	copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unite Sec. Twp. Rge.	Is 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 -	Oil Well Gas Well (X)	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RI', GR, etc.)	Name of Producing Pormation	Top Oil/Oas 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 (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of l'est	be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lyt, e	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL Actual Frod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula		<b>OIL CONSERVATION DIVISION</b>	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		ASP C a toon	
		Date Approved	
Signature This O Tanua Diana		By	NAME AND DESCRIPTION
Dim C. JOHNSON RODUCTION MANAGER Printed Name 3-30 92			
<u>3-30-93</u> <u>505-293-4044</u> 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 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 1, 11, 111, 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.