Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	NG TN	a				i	API No.			
McDONNOLD OPERATI	NG, INC					30	-041-204	67		
Address 505 N. Big Spring	, Suite	e 204,	Midland, TX	ኛ 79701						
Reason(s) for Filing (Check proper box)					ner (Please explo	iin)				
New Well Change in Transporter of:										
Recompletion	Oil	📙								
f about a f and a simple and a simple a			Condensate							
and address of previous operator Ker	r-McGee	e Corp	., One Marie	enfeld P	lace, Sui	te 200,	Midland	, TX 79	701	
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name Citgo State	Well No. Pool Name, Include 2 Bluitt (S.						of Lease Lease No. FEMORITHMEN K-4128			
Location			bluitt (Sa	in Andre	s) Assoc.	, State,	E PROPERTY AND A PARTY OF THE P	K-412		
Unit LetterJ	-:	467	Feet From TheE	last Lin	e and213	80 Fe	et From The	South	Line	
Section 16 Townshi	p 8-S		Range 38-E	,N	MPM, Ro	osevelt			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	II AND NATIII	DAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATUE Name of Authorized Transporter of Oil X Or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipeline Company				P. O. Box 1073, Midland, TX 79702						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)									nt)	
If well produces oil or liquids, jve location of tanks.	Unit	Sec.		ls gas actual	y connected?	When	?			
f this production is commingled with that	- 	er lease or	8-S 38-E	No ing order num	ber:	L				
V. COMPLETION DATA										
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v	
Date Spudded	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			
							Deput Casing	Snoe		
TUBING, CASING AND					NG RECORI	D	' , , , , , , , , , , , , , , , , , , ,			
HOLE SIZE			IBING SIZE		DEPTH SET		SACKS CEMENT			
				· · · · · · · · · · · · · · · · · · ·			ļ. <u></u>			
. TEST DATA AND REQUES								<u> </u>		
OIL WELL (Test must be after re	1		of load oil and must					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	S		Producing M	ethod (Flow, pw	np, gas líft, e	IC.)			
ength of Test	Tubing Pres	ssure		Casing Press	ıre	, ,	Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
				, , , , , , , , , , , , , , , , , , ,						
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	Cest		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (puot, back pr.) Tubing Pressur			ire (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFIC					NI CON	CEDV	ATION D	WACIC	AR I	
I hereby certify that the rules and regula	tions of the	Oil Conserv	vation	'	DIL CON	SEHVA		3	/IN	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved						
McDONNOLD OPERATING, INC.				Date Approved						
By: Cang M. McDann &				ByPaul_Kautz						
Craig M. McDonnold President				Geologist						
Printed Name Title				Title						
As of August 1, 1990	J		682-6396 phone No.							
				LL						

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 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.