Submit 5 Copies Appropriate District Office DISTRICT P.O. Box 1980, Hobbs, NM 88240		lew Mexico tural Resources Depart t	Form C-104 Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		ATION DIVISION	at liottom of Page
DISTRICT III Santa Fe, New Mexico 87504-2088			
1000 Rio Brazos Rd., Azlec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS			
Petroleum Development (nn 30 aus zavel)			
Address 720 B Ca.	ndelaria nE.	albuquerou.	I NM 871/2
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 OR bit Enterprises Box 476 Louington NM			
IL DESCRIPTION OF WELL AND LEASE Jonahant.			
Lease Name MOUNTOUD 7	educed 5 tom = To	ing Formation Kind	t of Lease Lease No. e, Federal or Fee NM 80166
Unit Letter <u>C</u> : <u>990</u> Feet From The <u>N</u> Line and <u>2217</u> Feet From The <u>W</u> Line			
Section 30 Township 75 Range 32E, NMPM, Rowult County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved capy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n?
If this production is commingled with that from any other lease or pool, give commingling order number:			
IV. COMPLETION DATA			
Designate Type of Completion Date Spudded	- (X)	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKD, R1', GR, etc.)	Name of Producing Formation	Top Oil/Gas 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 recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	elc.)
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	Bbls. Condensate/MMCF	Gravity of Condensate
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	l 	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		OIL CONSERVATION DIVISION	
is true and complete to the bear of my knowledge and belief.		Date Approved APR 6 2 1993	
in ch			
Signature C. JUNIASON PRODUCTION PLANAGER		BY ORIGINAL SUBNESS BY JERRY SEXTON	
<u>3-30-93</u> <u>505-293-4044</u> Title			
INSTRUCTIONS: This for	Telephone No.		

IS: 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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed with