Submit 5 Copies Appropriate District Office <u>DISTRICUJ</u> P.O. Box 1980, Hobbs, NM 88240	mergy, Minerals and Natu	ral Resources Departy and	Form C-104 Revised 1-1-89 See Instructions at Nottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVA P.O. Bo Santa Fe, New Me	x 2088	at Dottom OF Lage
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION			
I. Operator	TO TRANSPORT OIL		IPI No.
Address Address	Luciopment	- Corp 30	04120507
Reason(s) for Filing (Check proper box)			
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 OR Wit Enterprises Box 476 Lowington NM			
II. DESCRIPTION OF WELL AND LEASE Jonahawk. Lease Name / Well No. Pool Name, Including Formation / Kind of Lease Lease No.			
NOUNTAIN FR	Level le Hom-Tom		Federal or Fee NM 80166
Unit Letter		NLine and Fe	et From The _ELine
Section 30 Township 73 Range 32E, NMPM, ROOSYWELL County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Scurlock Ferm	or Condensate	Address (Give address to which approved	
Name of Authorized Transporter of Casin		Address (Give address to which approved	
I RIGENT 1062	Unit Sec. Twp. Rge.	10200 GROGAN Mill K Is gas actually connected? When	1 The Wood lands. Ly
give location of tanks. If this production is commingled with that	from any other lease or pool, give commingli	ng order number:	
IV. COMPLETION DATA			
Designate Type of Completion		New Weil 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, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	1
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	· · · · · · · · · · · · · · · · · · ·		
	-		
V. TEST DATA AND REQUE OIL WELL (Test must be after 1	ST FOR ALLOWABLE recovery of total volume of load oil and must	be equal to or exceed top allowable for thi	's depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, o	tic.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL		i	
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-In)	· Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE			
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 less of my		APR 0 2 1993	
- fine for			
Signature Jim & JUNNSON PRODUCTION MANAGER		By ORIGINAL MONTH BY LERRY SEXTON	
Printed Name 3-30-93	Title <u>505-293-4/044</u> Telephone No.	Title	
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 root in multiply completed walls