Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

I.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							We	I API No.				
D. M. Norman		30-041-20515										
Address		4				· · · · · · · · · · · · · · · · · · ·		<b>'</b>				
606 W. Tennessee		4, Midl	and,	Texas								
Reason(s) for Filing (Check prop.	r bax)	One in	• T-•	nton of:	L 0	ther (Please ex	plain)					
Recompletion	Oil	Change in	Dry Ga									
Change in Operator		ead Gas	Condea									
I change of operator give name and address of previous operator									<u>.</u>			
IL DESCRIPTION OF V	VELL AND LI	EASE	mil	nésar	i X							
Lease Name	ume Well No. Pool Name, I							Kind of Lease No.				
Weathersby					San Andres			State, Federal or Fee 3483				
Location	-	1930	, (		»/	ne and7/			w			
Unit Letter			Feet Fro	m The	/v Li	ne and	I	Feet From The	<i>w</i>	Line		
Section 24	Township 85		Range	34E	,1	IMPM,	Ro	osevelt		County		
II. DESIGNATION OF	TRANSPORT			) NATL	RAL GAS							
Name of Authorized Transporter of	1 2 1	or Conder	isale [		Address (Give address to which approved copy of this form is to be sent)							
Pripe Pipeline Co					P. 0.	Box 243	6, Abil	ene, Texas 79604				
Warren Petroleum			or Dry (	jas 🛄	Address (Gi	we address to 1	which approve	d copy of this f	orm is to be	seni)		
If well produces oil or liquids,	Unit	Sec.	85   34E				1 710	When ?				
ive location of tanks.	Н	24					whe					
this production is commingled w. V. COMPLETION DAT.	th that from any of	her lease or	pool, give	comming	ling order aun	ber:	f					
		Oil Well	G	us Well	New Well	Workover	Davas					
Designate Type of Comp		<u> </u>	_ i				Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	<b>.</b>	_4	P.B.T.D.				
levations (DF, FKB, RT, GR, eic.,	roducing For	mation		Top Oil/Gas Pay								
	_							Tubing Depth				
erformitions								Depth Casing Shoe				
HOLE SIZE		TUBING, CASING AND				CEMENTING RECORD						
	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ				
						<u> </u>						
IL WELL (Test must be	UEST FOR A	LLOWA	BLE					<u> </u>				
the First New Oil Run To Tank	after recovery of to	tal volume of	load oil	and must	be equal to or	exceed top all	wable for this	depth or be fo	r full 24 hou	re)		
	Date of Ter	1			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)				
ngth of Test	Tubing Pres	SITE .			Casing Pressu			<u> </u>				
						Contracting Ficalitie			Choke Size			
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF			
AS WELL		_				<u> </u>						
ual Prod. Test - MCF/D	Length of To	sat.		<u></u> п	bis. Condens	MMCF		Gravity of Con	deserve			
ing Method (pitot, back pr.)								Charley of Concentrate				
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
OPERATOR CERTI												
OPERATOR CERTIF	and a second second			€	0		05514			J		
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							
true and complete to the best of	my knowledge and	belief.						100 4	9 4000			
MA	- -				Date /	Approved		APK I	3 1993			
ignature	ma	21_			р., <i>О</i>	NGINAL	医毛肌缺 化十					
D. M. Norman Operator					By ONGINAL SIGNED BY JOLOV SEXTON							
rinted Name 04-01-93	-	Tit										
	(915				1 ILIO							
		Telepho	ne 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 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.