Submit 5 Copies
Appropriate District Office
DISTRICT I State of New Mexico Energy, Minerals and Natural Resources Department P.O. Box 1980, Hobbs, NM 88240

CONTO

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION NOV 13 '89

P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 0,40 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 ARTESIA, OFFICE REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. C.E. LaRue and B.N. Muncy, Jr. 30-005-00979 Address PO Box 470 And Reason(s) for Filing (Check proper box) Artesia, NM 88210 Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. LC062486 Trigg Federal Caprock Queen 6 State, Federal or Fee Location South Line and Unit Letter \_\_ I 1980 East Feet From The Feet From The 14S Township 31E Chaves Range , NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate  $\bowtie$ Navaio Refining Co PO Box 159 Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy 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? When ? 9 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) 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 HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be aft	er recovery of total volume of load	oil and must be equal to or exceed top allowable	e for this death or he for full 24 hours
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Casing Pressure (Shut-in)

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Co C Loku	7
Signature C.E. LaRue	Operator
Printed Name 11-10-89	Title 746-6651
Date	Telephone No.

## OIL CONSERVATION DIVISION

Choke Size

NOV 2 2 1989 Date Approved

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR Title\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tubing Pressure (Shut-in)

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.

 $(x_i) \stackrel{\mathrm{def}}{=} (x_i)$ 

