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Appropriate District Office
DISTRICT I
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

1770

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

OIL CONSERVATION DIVISION NO. 13 89

P.O. Box 2088

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

 $Q_{ij} \subseteq \mathcal{A}$ REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe, New Mexico 87504-2088

Operator	Decrator To Tributtor Office Action						Well API No.					
C.E. LaRue and B.N. Muncy, Jr.						30-005-01012						
Address		=										
PO Box 470 A.  Reason(s) for Filing (Check proper box)	rtesia,	NM 88	<u> 8210</u>		Oth	er (Please explai	;_\					
New Well		Change in	Transr	onter of		ci (i iewe expiai	n)					
Recompletion	Oil		Dry C									
Change in Operator	Casinghead		Conde	_								
change of operator give name	·											
nd address of previous operator  I. DESCRIPTION OF WELL	AND LEA	ASE								<del> </del>		
Lease Name Trigg Federal	Name, Includir aprock Q				Kind of Lease Lease No. State, Federal or Fee LC062486							
Location			1						1 2000	2 100		
Unit LetterG	: <u>198</u>	10	Feet 1	From The	North Lin	e and19	9 <u>80</u> F	et From The _	<u>East</u>	Line		
Section 9 Towns	hip 145	<u>;</u>	Rang	е	31E ,N	MPM, Ch	naves			County		
II. DESIGNATION OF TRA	NSPORTE	R OF O	IL A	ND NATUI	RAL GAS							
Name of Authorized Transporter of Oil	įΧΧ	or Conde	nsate		Address (Give address to which approved copy of this form is to be sent)							
Navajo Refini		PO Box 159 Artesia, NM 88210										
Name of Authorized Transporter of Cas	inghead Gas	head Gas or Dry Gas				ve address to wh	iich approved	l copy of this fo	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit G	<b>Sec.</b> 9	Twp.	. <b>Rge.</b> 4S <b>1</b> 31E	Is gas actual	lly connected?	When	1 7				
If this production is commingled with th	at from any oth	ner lease or	pool,	give comming!	ing order nun	nber:						
IV. COMPLETION DATA		_,			<b>,</b> ———			· <del>······</del>				
Designate Type of Completion	n - (X)	Oil Wel	1	Gas Well	New Well	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 I	Name of Producing Formation				s Pay		Tubing Dept	Tubing Depth			
Perforations					<u></u>			Depth Casing Shoe				
		TIDNIC	CA	CINIC AND	CEMENT	TNG DECOD	·D					
UOLE 8175	TUBING, CASING AN  HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE		OXONA A TODING SIZE				DEI III OEI		<del></del>				
V. TEST DATA AND REQU												
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		e of loo	id oil and musi		or exceed top all Method (Flow, pi			or full 24 hou	rs.)		
Date I like New Oil Read To Talk	ew on Rul 10 rank Date of 1est											
Length of Test	Tubing Pr	Tubing Pressure				sure		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	l		<del>.</del>		<u> </u>	·	· <del> · · · · · · · · · · · · · · · · ·</del>	<del>. k</del> .		<u>.</u>		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity of C	Condensate	·		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF		E COM	יז זק	ANCE	1			1	<del></del>	<del></del>		
I hereby certify that the rules and re					ii	OIL CON	<b>NSERV</b>	/ATION	DIVISIO	NC		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					NOV 2 2 1989							
is true and complete to the best of h	ny miowiedge	and Dellel.			Dat	te Approve	ed	1101		<del></del>		
<u> </u>	Ew				By.							
Signature C.E. LaRue				ator	Dy	OR	IGINAL S	GNED BY J	ERRY SEXT	NOI		
Printed Name 11-10-89		-	Tiu 746-	e 6651	Titl	e	11011		KAIZOX			
Data		ftr.	Janke-	na Nio	11							

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.