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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

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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

NOV 13'89

I.	REQUEST	FOR ALLOWA	ABLE AND AUTHORI IL AND NATURAL GA	ZATION:	TESIA OFFICE		
C.E. LaRue & B.N. Muncy, Jr.					Well API No. 30-005-01015		
Address		8210				<del></del>	
Reason(s) for Filing (Check proper bo	ox)	0210	Other (Please expla	2in)			
New Well Recompletion		in Transporter of:  Dry Gas		,			
Change in Operator	Casinghead Gas [	Condensate					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WE	LL AND LEASE					<del> </del>	
Lease Name Trigg Federal Well No. Pool Name, Included the Proof Name, I					of Lease	Lease No.	
Location	l 18	Caprock (	lueen	State	Federal or Fee	LC062486	
Unit LetterK	:1980	Feet From The _	South Line and 198	80 F	eet From The	West L	
Section 9 Tow	ruship 14S	Range 31E	, <b>NMPM</b> . Cha	aves			
III. DESIGNATION OF TR	ANSPORTER OF	OII AND NATE				County	
Name of Authorized Transporter of O	hil ┌── or Cons	lensate	Address (Give address to wh	ich approved	copy of this form	is to be sent)	
Navajo Refining Co.  Name of Authorized Transporter of Casinghead Gas or Dry Gas			<u>  PO Box 159 Artesia, NM 88210                                  </u>				
	and great Gas	or Dry Gas	Address (Give address to wh	ich approved	l copy of this form	is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.		. Is gas actually connected?	When	?		
If this production is commingled with t	G 9 that from any other lease o	14S 31E or pool, give comming	gling order number:	L		<del></del>	
IV. COMPLETION DATA			<del></del>				
Designate Type of Completi	ion - (X)   Oil W	ell   Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res	
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		T.U. D.			
Perforations				Tubing Depth			
				-	Depth Casing S	hoe	
1101 5 0175			CEMENTING RECORI	<u>D</u>	<u> </u>	<del></del>	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQU						<del>-</del>	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	e of load oil and mus	be equal to or exceed top allo	wable for thi	depth or be for f	ull 24 hours.)	
	Date of Tex		Producing Method (Flow, pur	rp, gas lýt, e	ic.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Gas- MCF		
				·			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		T				
			Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIF	ICATE OF COM	PLIANCE	<u>                                     </u>		<u> </u>		
I hereby certify that the rules and re	gulations of the Oil Cons	ervation	OIL CON	SERV	ATION DI	VISION	
Division have been complied with a is true and complete to the best of n	ma that the information gi ny knowledge and belief.	ven above				2 2 1989	
1659			Date Approved	<u> </u>			
Signature			Вуо	RIGINAL S	IGNED BY JE	RRY SEXTON	
C.E. LaRue	0	perator	-,	DIST	RICT I SUPER	VISOR ———	
11-10-89	7	<b>Tiue</b> 46-6651	Title				
Date		lephone 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 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.

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