Submit 5 Copies
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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l .	T	O TRA	NSPC	ORT OIL	AND NA	TURAL GA	\S	M No.					
Operator	entor							Well API No.					
RW Oil Company	 	30-005-01113											
Address c/o Oil Reports & Ga:	s Service	es. In	c P	. o. B	ox 755.	Hobbs, N	NM 88241						
Reason(s) for Filing (Check proper box)		,			Oúb	es (Please expla	zin)						
New Well	(Change in			F	ffective	3/1/89						
Recompletion 📙	Oil	_	Dry Gas		L	TTECCTAC	3/1/07						
Change in Operator	Casinghead	Gas	Condens	tale									
change of operator give name address of previous operator													
I. DESCRIPTION OF WELL	. AND LEA	SE											
Lease Name								Kind of Lease		Lease No.			
Zimmerman "A"	4 Caprock Queen					XXXX	BACENIKOT Fe						
Location													
Unit Letter L	<u> 1650</u>		Feet Fre	om The So	uth Li	e and990	0 Fe	et From The.	West	Line			
21 -	140			215	.,	. ch. c	Chav	.00		County			
Section 21 Towns	hip 14S		Range	31E	<u>, N</u>	МРМ,	Chay	es		County			
II. DESIGNATION OF TRA	NSPORTE	R OF OI	L AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Conden			Address (Gi	ve address to w	hich approved	copy of this f	orm is to be se	nt)			
Navajo Refining Comp	any					Box 159,							
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas	Address (Gi	ve address to wi	hich approved	copy of this f	orm is to be se	nt)			
	1,,,,,	<u> </u>	7	- B	le ene estral	lu connected?	When	2					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 21	Twp.	1 31E	Is gas actual	ly connected?	Wilet	•					
f this production is commingled with the					ing order num	ber:							
V. COMPLETION DATA				•									
		Oil Well		ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completio		1			Total Darek	<u> 1</u>		L	<u> </u>				
Date Spudded	Date Compl	l. Ready to	Prod.		Total Depth			P.B.T.D.					
Classican (DE DER DT CB atc.)	oducing Fo	rmation		Top Oil/Gas	Pay		Tubing Depth						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					·	•							
Perforations								Depth Casis	ng Shoe				
								<u> </u>		.,			
		TUBING, CASING AND						01000051517					
HOLE SIZE	SIZE CASING & TUBING			NG SIZE DEPTH SET				SACKS CEMENT					
					 			 					
					<u> </u>								
V. TEST DATA AND REQUI	EST FOR A	LLOWA	ABLE	-			<u> </u>						
OIL WELL (Test must be after	r recovery of lot	tal volume	of load o	oil and must					for full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Tes	4			Producing N	lethod (Flow, p	штр, даз цп,	EC.)					
I and of Tark	Tubing Pro	Tubing Pressure				nire		Choke Size	Choke Size				
Length of Test	Tubing Pressure												
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF				
-													
GAS WELL					- 								
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Conde	nsate/MMCF		Gravity of	Condensate				
								A 1. 8.					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
					-\	·····							
VI. OPERATOR CERTIFI				1CE		OIL CO	VSEBV	ATION	DIVISIO	NC			
I hereby certify that the rules and re-				_	1		TOLI IV						
Division have been complied with a is true and complete to the best of m	ng unat the infor ny knowledge ar	mauon grv ad belief.	ER BOOVE	5	n=-	. Annes:::		APR	28 19	89			
,					Dat	e Approve	ea						
Warne Valles					By Orig. Signed by Paul Kauts				D y				
Signature Donna Holler		Α.	gent		∥ gà			<u>T</u>	Geologist				
Printed Name		A	gent			_							
	· (.	505) 3		727	Inte)							
Date			ephone N		[]								

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.

AND THE STATE OF T

RECEIVED

NOR 2 7 1989

OCD

WORRS OFFICE

Submit 5 Copies
Appropriate District Office
DISTRICT |
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTRA	NSPO	ORT OIL	L AND NA	TURAL G						
Operator								API No.				
RW Oil Company Address							30	-005 -				
c/o Oil Reports & Gas	s Service	s. Inc	в. В	ox 755	. Hobbs.	NM 8824	1					
Reason(s) for Filing (Check proper box						ner (Please exp						
New Well	0"	Change in	-			Effectiv	ro 2-1-0	0				
Recompletion Change in Operator	Oil Casinghea	4 Co.	Dry Gar Conden			Ellectiv	e 2-1-6	9				
If change of operator give name												
and address of previous operatorB:	isco Oil	Compar	ту, В	ox 755	, Hobbs,	NM 8824	1					
II. DESCRIPTION OF WELL	L AND LEA											
Lease Name Zimmerman "A"								Kind of Lease Some: Radorat or Fee		ease No.		
Location		4	Capi	rock Q	ueen		3.23	SPECIAL OF TA				
Unit Letter L	. 165	0	East Eas	The	South		90 _		West			
			Feet From The Line and				r	Feet From The		Line		
Section 21 Towns	hip 14	S	Range	318	. N	МРМ,	C	naves		County		
III. DESIGNATION OF TRA	NCDADTE	D OF O		N N/A TPE !	DAI CAC							
Name of Authorized Transporter of Oil	FS.	or Conden		NAIU		re address to w	hich approved	copy of this	form is to be se	nt)		
Texas-New Mexico Pipe		pany				ox 2528,				,		
Name of Authorized Transporter of Cas	inghead Gas		or Dry (Gas 🗀	Address (Gi	e address to w	hich approved	copy of this j	form is to be se	ns)		
If well produces oil or liquids,	l Timin	6	I m	1 2								
pive location of tanks.	Unit M	Sec. 21	Twp. Rge. 14S 31E		Is gas actuali No	y connected?	When	7				
f this production is commingled with the				1		ber:						
V. COMPLETION DATA												
Designate Type of Completion	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		Compl. Ready to Prod.			Total Depth	<u> </u>	1	P.B.T.D.				
					,			r.b. t.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Pay	1	Tubing Depth				
Perforations												
								Depth Casin	ig Shoe			
	T	UBING.	CASIN	IG AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
w												
								<u> </u>				
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE					L				
IL WELL (Test must be after	recovery of tou	al volume d	of load oi	l and must					for full 24 hour	s.)		
Date First New Oil Run To Tank	Date of Test	:			Producing Me	thod (Flow, pu	ump, gas lift, e	(c.)				
Length of Test	Tubing Pres	Tubing Pressure			Casing Press			Choke Size				
	Tuoing Tite	Tuoing Pressure				•••						
Actual Prod. During Test Oil - Bbls.			Water - Bbla.				Gas- MCF					
GAS WELL										_		
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	mie/MMCF		Gravity of Condensate				
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size				
						(
I. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE				<u> </u>				
I hereby certify that the rules and regu	lations of the C	Dil Conserv	ation			DIL CON	ISERVA	NOITA	DIVISIO	N		
Division have been complied with and			above					APR 9	7 1989			
is true and complete to the best of my	rnowledge and	ochei.			Date	Approved	d	71116	1 1000			
Idania Lelle	1/20											
Signature				By ORIGINAL SIGNED BY JERRY SEXTON								
Donna Holler Agent Printed Name Title							DISTRICT	I SUPERV	ISOR			
4-17-89	50	5-393-	Title 2727		Title.				-			
Date			hone 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.

নুষ্ঠা কোন স্থানিক বিভাগ নিজন কোন কোন কিছিল। কানু কান্ধা ক্ষিত্ৰকে কাৰ্যিক নিজ

APR 2 - 3 - COC MCCC - ---