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Appropriate District Office 9
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, Artesia, NM 88210

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

DISTRICT III
1000 Pio Brazon Rd., Aziec, NM 87410

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Section 4 Township 13S Range 31E NAFFM, Chaves County  ID-DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  **United Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  **Inne of Authorized Transporter of Casinghead Gis or Dry Gas [2] Address (Give address to which approved copy of this form is to be sent)  **The Maple Gas Corporation   Unit of the production of tipuds, which approved copy of this form is to be sent)  **The Maple Gas Corporation   Unit of the production of tipuds, which approved copy of this form is to be sent)  **The Maple Gas Corporation   Unit of the production of tipuds, who control of tipuds, and the control of tipuds, who control of tipuds, and the control of tipuds, who control of tipuds, and tipuds	^		660	East	From The	Sout	h r.	ne and 19	980 F	et From The	East	Line		
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Address (Give address to which approved copy of this form is to be sent)		CD C D TT	'D OE O	<b>**</b> *	NIFN BY A TI	W 180 A F	<b></b>							
Name of Authorized Transporter of Casinghead Gas		SPURIE			I AN UN				hich approved	copy of this fo	rm is to be se	nt)		
The Maple Gas Corporation    Well produces oil or liquide,   Unit   Sec.   Twp.   Rge.   It gas actually connected?   When ?		لـــا			LJ		,							
First   Data   And   Production   Producti	Name of Authorized Transporter of Casing	ry Gas 🗓	Addre	Address (Give address to which approved copy of this form is to be sent)										
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Date Spudded  Date Compil. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  DILL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date firm New Oil Rus To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  Choke Size  Choke Size  Oil - Bibls.  Water - Bibls.  Gas-MCF  Ostal Prod. Test - MCF/D  Length of Test  Bibls. Condensate/MMCF  Gravity of Condensate  Choke Size  Oil CONSERVATION DIVISION  Date Approved  NOV 2 0 1989  By  ORIGINAL SIGNEY BY JERRY SEXTON  Title  DISTRICT I SUPERVISOR  Title  Title  DISTRICT I SUPERVISOR		- (20)	Oil Well	Ţ	Gas Well	Nev	/ Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
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TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  7. TEST DATA AND REQUEST FOR ALLOWABLE  III. WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be 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 - Bbis. Water - Bbis. Gas-MCF  Gas-MCF  Gas-MCF  Cating Method (pitor, back pr.) Tubing Pressure (Shut-in)  Casing Pressure (Shut-in) Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved NOV 2 0 1989  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title  Title  Title  Title  Title	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top C	Top Oil/Gas Pay							
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT	Perforations						Depth Casing S							
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DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Choke Size  Choke S	HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Casing Pressure  Choke Size  Water - Bbls.  Gas- MCF  Gravity of Condensate  Casing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VINCOPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature  Karen J. Leishman  Production Clerk  Printed Name  11-16-89  (505) 748-1471  Title  Title  Title  Title  Title  Title  Title  Title	V. TEST DATA AND REQUES	T FOR A	ALLOW	ABL	E		_							
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GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VISOPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature  Karen J. Leishman  Production Clerk  Printed Name  Title  Title  Title  Title  Title  Title  Title														
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VINOPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature  Karen J. Leishman  Production Clerk  Printed Name  Title  11-16-89  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title	Actual Prod. Test - MCF/D	Length of Test				Bois.	Bols. Condensate/MIMICP				Olavity of Continues			
VIEOPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature  Karen J. Leishman  Production Clerk  Printed Name  Title  11-16-89  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casin	Casing Pressure (Shut-in)			Choke Size				
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.    Signature   Karen J. Leishman   Production Clerk   Printed Name   Title						j								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    Signature   Karen J. Leishman   Production Clerk   Printed Name   Title	VI-OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE				JOEDV	ATION	רוא יוכוכ	<b>NA</b> I		
Signature Karen J. Leishman Production Clerk Printed Name Title  11-16-89  Control Number  Date Approved  NUV Z U 1988  ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title  Title	I hereby certify that the rules and regula	ations of the	Oil Conse	rvation	1		(	OIL CO	NSERV	AHON	אפועוט	)N		
Signature Karen J. Leishman Production Clerk Printed Name Title  11-16-89  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title  Title										NOV	2 1 191			
Signature Karen J. Leishman Production Clerk Printed Name Title							Date	e Approve	ed	1101	N V NEW	<u>u41</u>		
Signature Karen J. Leishman Production Clerk Printed Name Title	Laven U Lan	kna	_				_							
Raren J. Leishman Production Clerk Printed Name Title Title Title  11-16-89 (505)748-1471	Signature						ORIGINAL SIGNED BY JERRY SEXTON							
11-16-89 (505)748-1471   Title							DISTRICT I SUPERVISOR							
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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.