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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	ISPORT	OIL	AND NA	TURAL G	AS					
Operator							Well	API NO. 3D-005-10409				
P.O. Box 590 M	lidland,	Texas	79702									
Reason(s) for Filing (Check proper box)					Ort	er (Please expl	lain)					
New Well	Oil	Change in T	ransporter of Try Gas									
Recompletion	Casinghead	_	Condensate					_				
If change of operator give name [ ] D. Pourso P. O. Roy 500 Midland Toyas 70702												
			<u> </u>		131414111	<u> </u>						
II. DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Including						ng Formation Kir			l of Lease No.			
					San Andres (Su			Federal or Fee NM-5144				
Location  Unit Letter A: (CCC Feet From The NOrth Line and (CCC Feet From The East Line												
Section 5 Township 8-S Range 33-E , NMPM, Chaves County												
THE PROPERTY OF THE AME	cnontrin	OF OH	AND N	4 'T'T 1	DAT. CAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)												
Scurlock/Permian Corp.						P.O. Box 4648 Houston, Texas 77210						
Name of Authorized Transporter of Casinghead Gas A or Dry Gas						Address (Give address to which approved copy of this form is to be sent) 10200 Grogan Mills Rd. Woodlands, Tx. 74102						
Trident NGL, Inc.  If well produces oil or liquids, Unit   Sec.   Twp.   Rgc.					Is gas actually connected? When ?					7 X-4		
give location of tanks.			8S   33		<del></del>	<u>e5</u>		0-17	66			
If this production is commingled with that I	rom any other	r lease or po	ol, give com	ming!	ing order num	Del:						
		Oil Well	Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	ــــــــــــــــــــــــــــــــــــــ		Total Depth	<u></u>	1	P.B.T.D.	<u> </u>					
Date Spudded Date Compl. Ready to Prod.					1000 Dopen			r.s.1.b.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casin	g Shoe			
	CEMENTI	NG RECOR	D									
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
NOLE SIZE												
							<del></del> ~					
V. TEST DATA AND REQUES	T FOR AL	LOWAR	LE		<del></del>					,		
OIL WELL (Test must be after re	Date of Test	I volume of	load oil and	musi	be equal to or	exceed top allo	owable for thi unp. eas lift. e	s depih or be j	or full 24 how	3.)		
Date First New Oil Run To Tank	Floorers in	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	of Test Tubing Pressure				Casing Press.	ire		Choke Size				
					Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Boile							
GAS WELL								10				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
esting method (binot, over h.)								<u> </u>				
VI. OPERATOR CERTIFICA	ATE OF (	COMPL	IANCE				ISERV	ΔΤΙΟΝ Ι	DIVISIO	N		
thereby certify that the rules and regulations of the Oil Conservation					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 ApprovedJAN 1 9 1993							
O d O					<b> </b>							
Kanay Bund					By ORIGINAL SIGNED BY JERRY SEXTON  BIGTRICT I SUPPLY TOOR							
Signature Randy Bruno Prod. Mgr.												
Printed Name 11/4/92 915/685-0113					Title				<del></del> -			
Date		Teleph	one No.				1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e project of the second	and the second second second	e ye takan kung biskar		
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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.