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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

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

I.		TO TRA	ANSF	PORT	OIL AND NA						
TO TRANSPORT OIL AND NAT KELT OIL & GAS, INC.							Well API No. 30-005-20189				
Address P. O. BOX 1493, RO	SWELL, N	M 8820	02			· · · · · · · · · · · · · · · · · · ·					
Reason(s) for Filing (Check proper box)					Ou	her (Please expi	lain)				
New Well	Change in Transporter of:										
Recompletion	Oil Caringhas	<u>.</u> 4 C [₹7	Dry C		I YXO)	O TRIDEN	T ASSIG	NMENT E	FFECTIVE	E 8/30/91	
If change of operator give name	Casinghead	Gas IX.	Cond	ensate _	<u> </u>						
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
CATO SAN ANDRES UNIT			Well No. Pool Name, Includi 175 CATO SAN						of Lease No.  Federador Fee Lease No.		
Location Unit LetterF	. 1980	)	_ Feet F	From The _	NORTH Lin	ne and <u>1980</u>	)F	eet From The	WEST	Line	
Section 32 Townsh	AST , N	ST , NMPM,			AVES	County					
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NAT	URAL GAS						
Name of Authorized Transporter of Oil	X	or Conden	sate		Address (Giv	ie address to wi	hich approved	copy of this f	orm is to be s	eni)	
PRIDE PIPELINE CO.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O.	_BOX 243	6, ABI	LENE, TX 79604			
TRIDENT NGL, INC.					Address (Giv	e address to wh BOX 502	hich approved 50, MI	<i>i copy of this f</i> DLAND, T	copy of this form is to be sent) LAND, TX 79710		
If well produces oil or liquids, give location of tanks.	ation of tanks.			Rg		Is gas actually connected? When					
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	pool, gi	ve commin	gling order num	ber:	<del></del>				
Designate Type of Completion - (X)		Oil Well Gas Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.				Total Depth			L		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
TUBING, CASING ANI					CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								ļ			
				<del></del>			·	ļ			
V. TEST DATA AND REQUES							··	<del>-l</del>	•		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	l volume o	of load o	oil and mus	Benducian Ma	exceed top allo	wable for this	depth or be for	or full 24 how	·s.)	
Date of 1est					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL					<del></del>		·	<u> </u>	<del></del>		
Actual Prod. Test - MCF/D						ate/MMCF	<del></del> .	Gravity of Condensate			
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressur	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF C	OMPI	JAN	CF	1		<del></del>	<u></u>			
I hereby 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.					> A anna						
CO . L C					Date	Approved		5 <b>(</b>	1991		
JULIAN (J. X) IgenNIM					By	LIGHTING!	UQNEN I	V 16890 S	ነፋርካም ሂደ		
MARK A. DEGENHART PETROLEUM ENGINEER					By	JANISIMAL Pii	Tayon 1 St	UPERVISOS	FAISH1		
Printed Name Title OCTOBER 16, 1991 (505) 398-6166					11						
Date		Telepi	hone No	o.							

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.