Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO THA	INDI	Or Or	11 OIL	AND NA	UNAL GA	12	1 337 11 4	DI NI				
Operator									Well A					
Happy Oil Company Inc.							30-1				005–20462			
Address														
P O Drawer W. Artesia	a. NM	88211-	-062	9										
Reason(s) for Filing (Check proper box)							t (Please expla	•						
New Well		Change in			r of:	ادي	Justo	. 1	£ 5.	1-91				
Recompletion \bigsqcup	Oil	\sqcup	Dry (Gas	\sqsubseteq	-4	PAR.CC	τ-	ر, ک	1 1				
Change in Operator	Casinghea	nd Gas	Cond	lensat	e ∐ _									
change of operator give name	atman (oil Cor	mor		on I) A Draw	er W, Ar	+ 🗅	eia M	M 8821	1-0629			
ad address of previous operator <u>FTO</u>	stman (JII COI	DOT	all	OII, I	O DLawe	EL W, AL	ue:	sia, iv	M 0021	1-0023	 		
L DESCRIPTION OF WELL	AND LE	ASE												
Lease Name Well No. Pool Name, Including						ng Formation			Kind o	f Lease	L	ane No.		
Walters Federal	1					Dueen Gas Area Asso Sa			State, I	Federal or Fed	$ _{\text{NM}_{-}1}$	NM-17226-A		
Location		I T	7010	<u> </u>	,,,,,	, a o o , 1 o o a	<u> </u>	,,,, ,		7000	1 1 1 1 1 1 1	<u> </u>		
	66	50	_	_	t	Vest Lim	. 10	980	n _		South			
Unit Letter	-:	30	_ Fect	From	the	LIM	= and	900	<u> </u>	et From The.	South	Line		
a :: 34 m .:	120		n		20E	».Tu	(TR. (Oha					
Section 34 Township	p 13S		Rang	ge	30E	, Nr	иРМ,		Cha	ves		County		
T DECICAL MICAL OF MELAN	CDADTE	n or o	71 4	NITS.	BIA TOT I	DAI CAS								
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde		עמ	NAIU		e address to wi	Link		anni afishia s				
·	XX	or conde	II SALE							• • • •		inu)		
Navajo Refining Comp							wer 159							
Name of Authorized Transporter of Casing			or D	ry Ga	ıs XX	i	e address to wi					•		
The Maple Gas Corpor	<u>ation </u>					2626 C	ole Aven	ue	#300 ,	<u>Dallas</u>	TX 7	5204		
If well produces oil or liquids,	Unit	Sec.	Twp).	Rge.	Is gas actuali	y connected?		When	?				
ive location of tanks.	L	34	13	3	30	Yes			1		5/20/	76		
f this production is commingled with that	from any of	her lease or	pool,	give	comming	ing order num	ber:					<u> </u>		
V. COMPLETION DATA	•		-		_									
		Oil Wel	1	Ga	s Well	New Well	Workover	1	Deepen	Plue Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)		i			i	1	i				1		
Date Spudded	Date Corr	npi. Ready t	o Prod	ī		Total Depth	1			P.B.T.D.	<u>. </u>			
Date option	 Date 05	.p		_						1.5.1.5.				
Flanting (DE DVD DT CD ata)	Name of I	Droducina E	io em at	ion		Too Oil/Gas	Top Oil/Gas Pay				Tubing Doub			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										Tubing Depth				
Perforations	<u> </u>					<u> </u>				Dorth Coal	- Cha			
Perioradolis										Depth Casi	ng 2010c			
		TUBING	, CA	SIN	G AND	CEMENTI	NG RECOR	$\overline{\mathbf{w}}$			· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEPTH SET				SACKS CEN	IENT		
			·											
						1								
	1													
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	Æ										
OIL WELL (Test must be after t					and mus	t be equal to o	r exceed top al	lom	able for th	is depth or be	for full 24 ho	wrs.)		
Date First New Oil Run To Tank	Date of T		,				lethod (Flow, p				 			
Date First New Oil Ruit 10 1 aux	Date of I	CSL					(0, p		, 9 13.1	,				
	Tubing Pressure					Casing Pressure				Choke Size		 		
Length of Test	Tubing P	ressure				Casing Fices	MIC			CHOSE BILL	•			
<u> </u>	<u> </u>					Maria Del				Gas- MCF				
Actual Prod. During Test	Oil - Bbl	٤.				Water - Bbis			ě,	Gas- MCF				
<u> </u>														
GAS WELL														
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF				Gravity of Condensate				
										1				
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)					Casing Pres	Casing Pressure (Shut-in)				e			
remain incursor (burn't over b.)		,5	,				,							
							·····							
VI. OPERATOR CERTIFIC	CATE C	OF COM	IPLi	AN	CE	11	OIL CO	NI C	CEDV	ATION	DIVIGI	ON		
I hereby certify that the rules and regu	ulations of t	he Oil Cons	ervatio	on				14	SLIV		443.00			
Division have been complied with and				bove						MAY :	195			
is true and complete to the best of my	knowledge	and belief.				Dat	e Approv	ed		\$646.31 ·				
Co. a							-F-F	. •						
Xachier ten de						n		U	Paul T	iida iri				
Signature						∥ By.	 		Faul P	2017				
Jackie Forister		Product			erk			٠,	"Geolo	gist				
Printed Name			Tit	tie		11 75:44	_			-				
E 100 101						Title	9							
5/22/91		746-33 <u>4</u>	11 elepho				9					 		

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.

MAY 2 9 1991

CONHOBBS GREEK