State of New Mexico Energy, N rais 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

CT III io Brazos Rd., Aztec, NM 87410

5 Copies nate District Office CT I ix 1980, Hobbs, NM 88240

CT II awer DD, Artesia, NM 88210

or

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS
Weil API No.

Reff-modee Corpo	TALTO	I.					· · · · · · · · · · · · · · · · · · ·				
8 D.O. D. 11050											
P.O. Box 11050 Midland, TX 79702 (s) for Filing (Check proper box)						r (Please expla	(m)				
/ell	Change in Transporter of:			Other (Please explain) Change in transporter							
pletion	Oil Dry Gas				0						
e in Operator	Casinghe	nd Gus 🖸	Conde	nuie 🗌							
ge of operator give name tress of previous operator											
•	NDIE	ACE									
ESCRIPTION OF WELL AND LEASE Name Well No. Pool Name, include				ing Formation Kind c			of Lease Fed Lease No.				
Amoco Federal		6				San Andres)		State, Federal or Fee		NM12418	
מכ											
Unit Letter K	:19	80	Feet F	rom The	West Line	and2055	Fe	et From The	South	Line	
Section 26 Township 7S		Range 31E		, NMPM.		Chave	Chaves		County		
Seeded 20 Township			Kange	<u> </u>	, 1414	IF IVI,	Onave			County	
ESIGNATION OF TRANS	SPORTE	ER OF O	IL A	ND NATU							
of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
ntern Petroleum Company			or Da	" Coa [nd, TX 79702			
of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗔 ident NGL, Inc.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250 Midland, TX 79710					ואני	
roduces oil or liquids, Unit Sec.			Twp.	Rge		Is gas actually connected? When					
ation of tanks.	N_N	23	23 7S 31E yes				<u> i </u>	11/79			
production is commingled with that f COMPLETION DATA	rom any od	her lease or	pool, g	ive comming	ling order numb	er					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
signate Type of Completion -								<u> </u>		İ	
pudded	Date Com	ipi. Ready to	o Prod.		Total Depth			P.B.T.D.			
ons (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas P	Top Oil/Gas Pay			Tubing Depth		
tions								Depth Casing	Depth Casing Shoe		
	,	TUBING,	CAS	ING AND	CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
							-				
EST DATA AND REQUES											
					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
na row on real to rain	Date of Ita				I roducing the		, 45', 8 				
of Test	Tubing Pressure				Casing Pressu	Casing Pressure			Choke Size		
									Co. MCE		
rod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
WEII			-					<u> </u>			
WELL Prod. Test - MCF/D Length of Test					Bbis, Conden	Bbis. Condensate/MMCF			Gravity of Condensate		
Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
OPERATOR CERTIFIC	ATE O	F COM	— — PI JA	NCF.							
ereby certify that the rules and regula	ations of th	e Oil Conse	rvation		' (DIL CON	ISERV.	ation [DIVISIO	NC	
/ision have been complied with and that the information given above rue and complete to the best of my knowledge and belief.						nat a toga					
// And white the state of the s					Date	Date Approved					
Qudu !	20 u 1		_								
mature Analyst II					∥ _B y_	By <u>Charles weren in the law delengar</u>					
					Title	Title					
ctober 1, 1991 915/688-7039 Le Telephone No.					Illie	 -		· ·			
ıc		Tel	epnooe	140.			:				

NSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- l) 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.