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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

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.

Unerator I								30–005–20693			
Address	OIVALIUI										
105 South 4th St., A	rtesia	, NM 8	8210			r (Please explai	· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box) New Well		Change in	Transnor	rter of:	لسبب			1002	OTT		
Recompletion	Oil		Dry Gas					., 1993 <b>–</b> 993 – GAS	OIL		
Change in Operator		id Gas 🗓			EFFE	JIVE JUI	ند ولم ال	- GAD			
f change of operator give name nd address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.			ng Formation			Kind of Lease State, Federal/or Fee		Lease No.	
Paul LR	1		T	om-Tom	San And	res	91,419,				
Location  Unit Letter H	. 1980		E. at Ea	The 1	orth Line	and 660	· Fe	et From The <u>Ea</u>	st	Line	
Unit Letter H	_:_1700		. reel rn	om the	Lilic						
Section 25 Townshi	, 7S		Range	311	$\Xi$ , $NN$	ирм,		Chaves		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conder			Address (Give	e address to wh	ich approved	copy of this form	is to be se	nt)	
Scurlock-Permian Cor								TX 77210		mt)	
Name of Authorized Transporter of Casin Warren Petroleum Cor	n (	or Dry	Gas	Address (Give address to which approved PO Box 1589, Tulsa, OK			Copy of this form K 74101	Copy of this form is to be sent)  ( 74101			
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.					When ? 2-13-82			
give location of tanks.	E	25	7S	31E	Yes			2-13-62			
If this production is commingled with that IV. COMPLETION DATA	from any o	her lease or	pool, giv	ve comming!	ing order numb	жr: 			<del></del>		
		Oil Well	1 0	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	me Res'v	Diff Res'v	
Designate Type of Completion		1 Decider			Total Depth	<u>[</u>		P.B.T.D.		<u> </u>	
Date Spudded	Date Con	npl. Ready to	o Prod.		Total Depair			r.b.t.b.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	_l								Depth Casing Shoe		
					CEMENTI	NG RECOR			CKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			3/	O/O/O/O OE/MENT		
Y mrom DAMA AND DEOLIE	CT FOR	ALLOW	ADLE	<del> </del>							
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FUK	ALLUW total volume	ADLE of load	oil and musi	be equal to or	exceed top all	owable for th	is depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, pr	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Lengin of Test	I doing i	Tuoing Pressure									
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.			Gas- MCF		
			1.1					1			
GAS WELL Actual Prod. Test - MCF/D	Length o	f Test			Bbls. Conde	nsate/MMCF		Gravity of Cor	ndensate		
1200 100 100 100 100 100 100 100 100 100											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE C	T COM	PLIA:	NCE			UCEDY	ATIONE	11/101	<b>NI</b>	
I hereby certify that the rules and regularision have been complied with an	ilations of the	he Oil Conse formation gi	ervation ven abov			01L 001	OCT 27	'ATION D <b>1993</b>	101010	N	
is true and complete to the best of my	knowledge	and belief.			Date	e Approve	ed				
Or not Sh	11,50										
Signature	MIN	=			∥ By_			JERRY SEXT	ON		
Juanita Goodlett - Printed Name			Title			,	RICT I SUP	PERVISOR			
10-25-93		505/748	3-147		Intle	)				<del> </del>	
Date		Te	lephone	No.							

- 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.