Submit 5 Copies 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, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUTHORIZ	ATION			
<u>I.</u>			AND NATURAL GA				
1 1517 DDADIIGENIA AANGELIE					D-005 - 20035		
Address 100 W. Tillingi	a Cuitai	1100 Mid3	705	701			
Reason(s) for Filing (Check proper box)	s - Suite 1	LIUU MIAI	land, Texas 797 Other (Please explain				
New Well	Change is	Transporter of:	Other (Flease explain	n)			
Recompletion	Oil	Dry Gas					
Change in Operator	Casinghead Gas 🗶	Condensate					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE	* **		····			
Lease Name State 32	Well No.		ing Formation (San Andres)		of Lease Federator Fee	Lease No K-3754	
Location N Unit LetterN	330	_ Feet From The	South 2310	Fe	et From The	est	_Line
Section 32 Township	_p 7s	Range 31E	, NMPM, Ch	naves		Cou	unty
III. DESIGNATION OF TRAN	SPORTER OF O						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)						
Scurlock/Permian	P. O. Box 1183 Houston, Texas 77001						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Trident NGL, Inc.			Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250 Midland, Texas 79			2710	
If well produces oil or liquids, give location of tanks.	Unit Sec. N 32	Twp. Rge. 7S 31E	Is gas actually connected?	When		Texas /3	7710
If this production is commingled with that f			Yes	1 0/	11/80		
IV. COMPLETION DATA		, , , , , , , , , , , , , , , , , , ,			• • • • • • • • • • • • • • • • • • • •		
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff I	Res'v
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.	. <u></u> , <u>I</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			<u> </u>		Depth Casing Shoe		
	TUBING	CASING AND	CEMENTING RECORD)			
HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top allow Producing Method (Flow, purn			di 24 hours.)	
			G : D		[C		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shut-in)		Choke Size	-	
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regulativision have been complied with and the	ations of the Oil Conser that the information give	vation	OIL CONS	SERVA			
is true and complete to the best of my k	Date Approved						
JOI / h)(Jeple		By Orig. S	igned by	i.		
Signature Pat Drexler	'	Agent		Kautz logist			
Printed Name		Title	Title	,			
10/4/91	(015)	592-5216		•		· · · · · ·	

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.