Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

STATE OF THEM INTERIOR Fnergy, 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURA

Operator		יחו טו	1113	PUNI UI	L AND NA	TUHALG					
Petroleum Development Corporation							l l	Well API No. 30-005-20773			
Address 9720-B Candaleria NE	, Albug	uerque	e. N	lew Mexi	co 87112			003 207	, ,		
Reason(s) for Filing (Check proper box)		1-				et (Please expl	oin)				
New Well		Change in	Trun	sporter of:		•	·				
Recompletion	Oil		Dry	Gas 🔲							
Change in Operator	Casinghead	Gu 🗌	Cond	den mate 🔲							
If change of operator give name and address of previous operator Ker	r-McGee	Corpo	orat	ion, P.	0. Box :	11050, M	idland,	Texas 7	9702		
II. DESCRIPTION OF WELL	AND LEA	SE									
Nuchols "24"	West No. 1 Con Patric, Inclu							of Lease Fisional perfe		Lease No.	
Location	111111111111111111111111111111111111111			204242							
Unit Letter N : 660 Feet From The S					outh Line and 1980 F			ect From The West Line			
Section 24 Townshi	, 7S		Rang	ge 31	E , NI	мрм,	Chave	es		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF O	IL A	ND NATU		•					
Name of Authorized Transporter of Oil or Condensate Lantern Petroleum Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, Texas 79702						
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250, Midland, Texas 79702						
If well produces oil or liquids, give location of tanks.	Unit Sec. TV			Rge. 31E	la gas actually connected? Whe						
If this production is commingled with that in IV. COMPLETION DATA	rom any othe	r lease or	pool, s	give comming	ling order numb	ber:					
Designate Type of Completion	· (X)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
Perforations											
								Depth Casin	g Shoe		
TUBING, CASING AND					CEMENTIN	NG RECOR	D	· '			
HOLE SIZE	CASING & TUBING SIZE				1	DEPTH SET		9	SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·											
									·		
						-					
V. TEST DATA AND REQUES	T FOR AL	LLOWA	BLE	3	<u> </u>			!			
OIL WELL (Test must be after re	covery of tota	il volume i	of load	d oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 kour	·e)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	πp, gas lýt, e	tc.)	,	2. /	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
tual Prod. During Test Oil - Bbls.					Water - Bbla			Gas- MCF			
GAS WELL									•		
mal Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved JUL 2 3 1993						
Signature , Signature					ByOrig. Signed by						
Printed Name Title					Paul Kautz Geologist						
Pate 114/93	(,50		93- 1001	-4044 No.	Title_	· · · · · · · · · · · · · · · · · · ·	 ,	<u></u>			

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.

70g