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

State of New Mexico Friergy, Minerals and Natural Resources Department Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
RECEIVED

## **UIL CONSERVATION DIVISION**

DISTRICT II		OIL C	ONS	ERVA	ATION I	DIVISIO	N	REC	CEIVED		
P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2										
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					exico 875			MAF	₹ 26 '90		
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATED TO TRANSPORT OIL AND NATURAL GAS							TION			
Operator					···		Well	API No.	CIA OSSICE		
Address	rvess	ابن	0-01	MPAI	17 IN	<u>c </u>		ARIT	SIA, OFFICE		
FO BOX 993	, M	Idlan	12-	TX	7970	7_					
Reason(s) for Filing (Check proper box)				_	Oth	ner (Please expla	in)				
New Well		Change in									
Recompletion	Oil		Dry Gas					. 1	1 10	00	
Change in Operator  If change of operator give name	Casinghea	d Gas	Condens	ate		EFFEC	TVE	APICI	1, 19	90	
and address of previous operator		<del></del>	<del> </del>							<del></del> ,	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Pool Na	me, Includi	ng Formation			of Lease		ase No.	
SADINE			TON	4-16	M (SAL	LANdre	State,	Federal or Fee	)		
Location Unit Letter	_:_33	30_	Feet Fro	m The ≤	OUTH Lib	e and ZZ	<u>85</u> fe	et From The _	NEST	Line	
Section Z9 Townshi				315		мрм, С	have	<u> </u>		County	
EOTT Energy Operating L	P Pnonwe	D OF OV				•					
Name of Authorized Transporter of Oil	SPORTE	or Condens	L AND	NATU	RAL GAS	e address to wh	ich approved	com of this fo	rm is to be see	.e) .	
ENRON OI TRAJING	2 IEA	EOI	LEge	HOV Co		10607		lland;		70Z	
Name of Authorized Transporter of Casing		Eff	ertin/e		Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be ser	u)	
			COLINE	1-1-3	3					-,	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	7		<del></del>	
		<u>79</u>	15	SIE	i ic	<u> </u>					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	ool, give	commingl	ing order numl	ber:			<del></del>	• .	
Designate Type of Completion	<b>- (X</b> )	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth	L		P.B.T.D.	·	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
								Depui Casing	SHOE		
	T	UBING, O	CASIN	G AND	CEMENTI	NG RECORI	)	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			·								
	<del> </del>				-						
V. TEST DATA AND REQUES	T FOR A	LLOWA	RIF					<u> </u>			
OIL WELL (Test must be after re				and must	he equal to or	exceed top allow	wahle for this	denth or he fo	or full 24 hours	, )	
Date First New Oil Run To Tank	Date of Tes		, 1000 01			thod (Flow, pur			" jail 24 nous	,,	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	L							L			
Actual Prod. Test - MCF/D	Length of T	est			Bhle Conde	tota/MA/CE		Genvin of C	andeneste.		
Lought of Feet				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CEDTURE	A TITL OF	GO1 777	TART-					<u> </u>			
VI. OPERATOR CERTIFICAL  I hamby certify that the rules and provide				LE		DIL CON	SERVA	TION F	NIVISIO	N ·	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					'					1 4	
is true and complete to the best of my k	nowledge an	d belief.			Data	Approved	, <i>F</i>	APR >	טבפו ל		
1 V	_ (	2			Date	Approved				<u> </u>	
Must P. Ku						By DISTRICT I SUPERVISOR					
Signature			_	_	Dy	<del></del>	—— <del>DISTRI</del> C	CT 1 SUPER	AlbAu		

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

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

- 5535 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.

LUIT Energy Operating LP Effective 4 1.94