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

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

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

SHUT-IN

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Year       More Marienfeld Place, Suite 200, Midland, TX 79701         Name Marienfeld Place, Suite 200, Midland, TX 79701       Other (Flaer Expland)         Name String Char Prevent       Other Transport of Place Corp. on 6/30/89         Temps of genes and the string of genes and string of genes and string of genes and the	I		TO TRA	ANSP	ORT OIL	AND NA	TURAL G					
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If suggest of genuter generating       Elag=Redfern 0il Co., P.O. Box 11050, Midland, TX. 79702         II. DESCRIPTION OF WELL AND LEASE       Well No. Ped Name, including Formande       Kind of Lease FC.       Lease No.         MUCKOIS 24       3       Tomin (San Andres)       Kind of Lease FC.       Lease No.         MUCKOIS 24       3       Tomin - Tom (San Andres)       San, Freene or the 2002422       Lease No.         Location       Use Lease	Recompletion			Dry Ga	• []	Flag-Re ≪err-Mc	dfern Oil Gee Corp.	Co. wa . on 6/3	as merge 30/89	ed into		
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Locationa Unit Letter	Lease Name	Well No. Pool Name, include										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       7.4         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of itst form is to be seei)         Name of Authorized Transporter of Calinghead Gas       or Ory Ora       Address (Give address to which approved copy of itst form is to be seei)         If well produces oil or liquide,       Upt       See.       Twp.       Rep.       Is as actually connected?       When 7         If well produces oil or liquide,       Upt       See.       Twp.       Rep.       Is as actually connected?       When 7         If well produces oil or liquide,       Upt       See.       Twp.       Rep.       Is as actually connected?       When 7         If well produces oil or liquide,       Upt       See.       Twp.       Rep.       Is as actually connected?       When 7         If well produces oil or liquide,       Upt       See.       Twp.       Rep.       Is as actually connected?       When 7         If well produces oil or commended with that from any other tease of pool, give commending order autobar:       It as actually connected?       When 7         Date Spaces       Orgenetal Completion - (X)       Oil Well       Gas Well       New Well Workover       Deepee       Plug Back [Same Reav Diff Reav         Date Spaces       Of Complet	0	:6	560	_ Feet Fr	rom The	South Li	ne and	Ω Fe	et From The	East	Line	
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Testing Method (pulot, 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     OIL CONSERVATION DIVISION       Division have been complied with and that the information given above is true and complete to the beat of my increasing earth limit     OIL CONSERVATION DIVISION       AUG 2 1     1989       Division have been complete to the beat of my increasing earth limit     Division have been complete to the beat of my increasing earth limit       Division have been of my increasing earth limit     Division have been complete to the beat of my increasing earth limit       Division have been of my increasing earth limit     Division have been of my increasing earth limit       Division have been of my increasing earth limit     Division have been of my increasing earth limit       Division have been of my increasing earth limit     Division have been of my increasing earth limit       Division have been of my increasing earth limit     Division have been of my increasing earth limit		·····				L						
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and build	Testing Method (pilos, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size			
Chiginal Signed By Isoan	I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my h	lations of the that the info	oli Conser ormation giv	rvation		Date	e Approve	d		<u></u>		
	1	Mar	`Cone	s 8.	llnit	By_		BINAL SIG	NED BY J	ERRY SEXT	<u>ON</u>	
Printed Name Title	Printed Name As of June 30, 1989		)5/270-	Ti <b>lle</b> -2124		Title	)					

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.

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