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

State of New Mexico Energy, Minerals and Natural Resources Departmen'

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATUE

Operator		10 IRA	NOF	ONI OIL	- ANU NA	TUHALG		API No.	·			
Petroleum Development Corporation								30-005-20842				
Address 9720-B Candaleria NE,	Albuqu	ıerque,	New	Mexico	87112							
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)					
New Well Recompletion	0"	Change in		_								
Change in Operator	Oil Casinghe	-4 <i>G</i> □	Dry G	_								
If change of operator give name					O. Box	11050 N	idland	Toyac	70702			
and address of previous operator II. DESCRIPTION OF WELL					- Dox	11030, 1.		TEXAS /				
Lease Name Well No. Pool Name, Includ					ing Formation Kind			of Lease No.				
Booher "35"	Booher "35" 2 Tom-				(San Andres)			Anderskoe Fe				
Location Unit Letter A		660	F F	- N	orth	33	0		Foot			
35	· · · · · · · · · · · · · · · · · · ·							et From The East Line				
Section 35 Townshi	p 7S	 -	Range	3	1E N	мрм,	Ch	aves	·	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	RAL GAS Address (Give address to which approved copy of this form is to be sent)											
Lantern Petroleum Com	x pany	or Conder	TENE		Address (Giv	e <i>address to wi</i> Rov. 2281	hich approved Mildla	copy of this f	orm is to be se	unt)		
Name of Authorized Transporter of Casing	P. O. Box 2281, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids, Unit Sec. Twp. Rge.					is gas actually connected? When ?							
give location of tanks.	D	35	_ 7S	31E	No			-				
If this production is commingled with that IV. COMPLETION DATA	from any oti	per lease or	pool, gi	ve comming	ing order numl	per:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Spudded Date Compi. 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 Pay			Tubing Depth				
Perforations						Der				epth Casing Shoe		
								Depui Casin	ig 200e	i		
TUBING, CASING AND					CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
									-			
			·					 				
V TECT DATA AND DECLIES												
V. TEST DATA AND REQUES OIL WELL (Test must be after re					.		11.6.41					
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Te		oj ioda i	ou ana musi		thod (Flow, pu			or full 24 hou	73.)		
Leady of Tex												
Length of Test	gth of lest Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Prod. During Test Oil - Bbls.							Gas- MCF				
GAS WELL	L			- <u> </u>	<u> </u>			<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	tale/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size				
VI OPERATOR CERTIFIC	ATE OF	COMB	IIAN	JCE	ļ			<u> </u>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved <u>JUL 2 8 1993</u>							
Signature / Signature					ByOrig. Signed by							
Printed Name, Title					Title		ŀ	aul Kautz Geologist	<u> </u>			
Date Telephone No.					1 1110							
					<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
- 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) Senarate Form Called must be filled for each most in multiple.



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