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

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

State of New Mexico Energy, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I | T | OTRA | NSP | ORT OIL | AND NA | TURAL GA | VS Well A | PI No. | | | |
|--|---|-------------|-----------|-----------------------|---------------------------------------|------------------|------------------------|-------------------|---|-------------|--|
| Operator | | _ | | | | | | | | | |
| Mountain States] | Petrol | eum C | orp | | | | | | | | |
| P. O. Eox 1936 | Rosi | well | N I | 4-8820 | 2 | (8) | | | | | |
| Reason(s) for Filing (Check proper box) | | · | | | - Oth | ex (Please expla | un) | | | ļ | |
| New Well Change in Transporter of: Dry Gas | | | | | | | | | | | |
| keonipeus — | | | | | | | | | | | |
| Change in Operator Casinghead Gas Conosciate If change of operator give name | | | | | | | | | | | |
| and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | · | | Kind (| | | of Lease No. | | ase No. | |
| Lease Name | Well No. Pool Name, including Portuguou | | | | | 3 | State, Federal or Fee | | | | |
| | | | | | | | | | | | |
| Location | | 990_ | Fact Pr | om Thel | J Lip | and <u>660</u> | Fe | et From The | East | Line | |
| County | | | | | | | | | | | |
| Section 17 Township 8s Range 31E , NMPM, Chaves County | | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | |
| Navajo Refining Company P O Pox 175, Artesia, N.M. 88210 | | | | | | | | | <u>o, </u> | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | ·-/ | |
| le un de la limite | l Unit | Sec. | Twp. | Ree | Is gas actually connected? | | When | When ? | | | |
| If well produces oil or liquids, give location of tanks. | 1 2 1 | 17 | l ge | 315 | _ | ^ | i | | | | |
| If this production is commingled with that I | rom any other | r lease or | | | | ber: | | | | | |
| IV. COMPLETION DATA | | | | | | | | | le | Diff. Back | |
| Designate Type of Completion | . (10 | Oil Well | - (| Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| | | . Ready to | Prod. | | Total Depth | l | <u> </u> | P.B.T.D. | <u> </u> | | |
| Date Spudded Date Compl. Ready to Prod. | | | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| | | | | | | | | Depth Casing Shoe | | | |
| Perforations Services | | | | | | | | | | | |
| TUBING, CASING AND C | | | | | | CEMENTING RECORD | | | | | |
| HOLE SIZE CASING & TUBING SIZE | | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| OIL WELL (Test must be after re | covery of low | al volume o | of load o | oil and must | be equal to or | exceed top allo | wable for this | depth or be | for full 24 hour | <u>'s.)</u> | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing Me | chod (Flow, pu | тр, д аз іўі, е | <i>ic.)</i> | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Langur or 1445 | I doing Lieranie | | | | | | | | | | |
| Actual Prod. During Test | al Prod. During Test Oil - Bbls. | | | | Water - Bbis. | | | Gas- MCF | | | |
| | | | | | | | | | | | |
| GAS WELL | | | | | | - AA/AF | | I Carrier of (| ondeneste. | | |
| 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 | | | |
| Bernik tatenten (hann) enere ha A | | | | | | | | | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION | | | | | | | | | ıK! | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | | | | | | | |
| Division have been complied with and that the information given above | | | | | JUN 0 8 '92 | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | | Date Approved | | | | | |
| Ruly Wikeschem | | | | | D BECREEN CANADA AY BETTEN CEXTON | | | | | | |
| Signature | | | | | By | By | | | | | |
| Ruby Wickersham Clerk Project Name Tide | | | | | l i | | | | | | |
| Lubred Learne | | | | | | | | | | | |
| 06/01/92 Date | | Telep | phone N | 0. | <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.

RECEIVED
JUN 0 5 1992

CD HOBBS OFFICE