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

## State of New Mexico Energy, 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	ŀ	OTHA	いろり	OHI	OIL	. ANU NA I	UHALGA	15				
Operator Dakota Resou				( 7	<b>-</b> )				API No.			
Address 310 W. Wall		ite		4	- 1 L	1idla.	1 d	$\overline{x}$ , $\overline{z}$	9701			
Reason(s) for Filing (Check proper box)	<u>-</u>	116	0 '			Othe	r (Please expla		////		<del></del>	
New Well		Change in	Teans	norter of		Oule	. 12 .case explu				•	
Recompletion	Oil		Dry (		<u></u>							
Change in Operator	Casinghead											
If change of operator give name and address of previous operator					<u></u>							
II. DESCRIPTION OF WELL A	AND LEA	SE										
Lease Name 11 /1 Well No. Pool Name, Include						ng Formation			of Lease			
New Mexico BW State 7 Chaver						ov Sa	n And	State)	Federal or Fee E 9089			
Location Unit Letter	: <u>60</u>	60	Feet :	From The	e	Vor7h Line	and 1980	) Fe	et From The	East	Line	
Section 2/ Township	8	5	Rang	e	3.3	E,NN	1PM, <i>(</i>	have	٤		County	
III. DESIGNATION OF TRANS				ND NA	TUI							
Name of Authorized Transporter of Oil  Scurlock Plrs	$\times$	or Conden				Address (Give	address to wh	iich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Wallen Petroleum Co-						Address (Give address to which approved copy of this form is to be sent)  Box 1589 Tulsa, OK 74102						
						Is gas actually		When	2			
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Tw		ј т <b>w</b> p. [	i	Kge.	Te gas actually		When	11/26/		91	
If this production is commingled with that five COMPLETION DATA	rom any othe	r lease or	pool, į	give com	mingli	ing order numb	er:					
Designate Type of Completion -	(X)	Oil Well		Gas We	ell .	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.			Total Depth		J	P.B.T.D.	1	_1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations									Depth Casin	Depth Casing Shoe		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>			
TUBING, CASING AND						CEMENTI		<u>D</u>	T	OLOVO OTMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
									<del> </del>			
V. TEST DATA AND REQUES						<u> </u>						
OIL WELL (Test must be after re	covery of tol	tal volume	of loa	d oil and	must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Tes	t.				Producing Me	thod (Flow, pu	ımp, gas lift,	etc.)			
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Floor During Feet	Oil - Buis.											
GAS WELL	1					Ibvic C	ento/BANACE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	SAIC/IVIIVICE		Gravity of Condensate				
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC								ISERV	ATION	DIVISIO	)N	
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 best of my knowledge and belief.						Date	. Approve	ed	. Mod (			
C. E. Will	1							•				
Signature 5						By ORIGINAL SACTOR SACTOR						
Printed Name Title					Title	Title						
12/2/9/ Date		7/5/6 Tel	ephon	e No.	_							

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.

  A) Separate Form C 104 must be filed for each pool in multiple and the control of the co
- no Form C 104 must be filed for each nool in multiply completed wells.