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Appropriate District Office
DISTRICT 1
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 Biazos Rd., Ariec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.	10	TIMM) U	LLI OIL	WIND INV	CHARLON							
Operator	Perator OPE OPENING OF OPENING OF							Well API No. 30-005-20993					
Yates Drilling Com			[JU -C	<u> </u>								
Address 105 South 4th Stre	act Artaci	a M	v r	QQ21A									
Reason(s) for Filing (Check proper box)	ec, Aitesi	a, N.1	<u></u>	88210	X Oth	er (Please expla	in)			· · · · · · · · · · · · · · · · · · ·			
Vew Well	Cha	nge in Tra	nsport	er of:		•		Federal	#7 +a				
Recompletion	Name Change. Garner rederar #/ to												
Change in Operator	Casinghead Ga	s 🗌 Co	ndensa	ate 🔲 _			Caccus	- Queen c)IIIC 174				
change of operator give name													
nd address of previous operator													
I. DESCRIPTION OF WELL				1 4	. Parada		V:-4			N			
Lease Name	We			•	ng Formation		State	of Lease Federal or Fed	.	ase No.			
Cactus Queen Unit	l	<u>4 [S]</u>	E Ch	laves U	ueen Ga	s_Area_As	socl		NM-015	807			
Unit Letter O	. 660	E-	ad Timo	The S	South Tim	e and198	0 50	et Emm The	Fact	Line			
Unit Letter	:	1.c	et Por	m the <u> </u>	<u>roacii.</u> Lin	C BIRI	1.0	et rum inc.		Line			
Section 27 Townsh	ip 12S	R	inge	31E	, N	мрм,	Chaves			County			
TY DEPOSITE TO A LONG TO A	venonten (DE OH	A NITS	NIATTI	DAT CAC								
II. DESIGNATION OF TRA! Name of Authorized Transporter of Oil		Ondensate				ve address to wh	ich approved	copy of this f	orm is so be see	น)			
Navajo Refining Co		P.O. Box 159, Artesia, N.M. 88210											
Name of Authorized Transporter of Casi		or	Dry G	ias [e address to wh				น)			
·		,											
If well produces oil or liquids, vive location of tanks.	Unit		Twp. Rge.		Is gas actually connected?		When	When ?					
this production is commingled with the		1		·	ing order num	her	l						
V. COMPLETION DATA	c from any caner ic	asc or jan.	л, Kive	continue	ing that ham			- · · · · · · · · · · · · · · · · · · ·		· · · · ·			
<u> </u>		il Well	G	as Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion						1]	l		1			
Date Spurkled	Date Compl. R	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Form	ation		Top Oil/Gas Pay			Tubing Depth					
Lieuwe at the same of the same							μ						
Perforations	<u>, l</u>				.1			Depth Casi	ng Shoe	· 			
TUBING, CASING					CEMENT								
HOLE SIZE	CASIN	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
					-			-					
V. TEST DATA AND REQUI	EST FOR ALI	LOWAI	BLE		.1 			 					
OIL WELL (Test must be after				il and must	be equal to o	r exceed top all	owable for thi	s depth or he	for full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Test				Producing M	fethod (Flow, pr	ump, gas lift, i	etc.)					
						O to D							
Length of Test	Test Tubing Pressure				Casing Press	stire		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Ibls.			Gas- MCF					
	O.1 - 13010.	Cit - Buis.											
GAS WELL										-			
Actual Prod. Test - MCT/D	Length of Tes	ι			Bbls, Conde	mate/MMCF		Gravity of	Condensate				
'esting Method (pitot, buck pr.) Tubing Pressure (Shut-in)					Casing Pres	ente (Shut-in)		Choke Size					
					_			_					
VI. OPERATOR CERTIFI	CATE OF C	OMPL	NAL	ICE			VCED/V	ATION	DIVICIO	NI.			
I 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 m		-	ECC. YC		"-"	a Anne	ل ا	ULIA	UCEI				
	,				Dat	e Approve	<u> </u>						
Karen J. Leistman					CROWN AL SHOWED BY VOORY SEXION								
Signature					By_	G- (.)	DISTR	01 + 50/23	.Vi≊OR				
Karen J. Leishman	Produc		Cler Ditte	'k									
6-13-90	(505)	748-1			Title	9	·	···					
Date			none N	lo.									

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.

RECEIVED

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