Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	7,240	TO TRANS	SPORT OIL	AND NA	TURAL GA	AS				
perator							Pl No.			
Dakota Resources			3)-005-21088						
Address 210 U Uoll Sto	Q 1 / ₄	Midland	1 TV 70	701						
310 W. Wall, Ste Reason(6) for Filing (Check proper box		TITUIAII	1, IA 19		er (Please expla	in)				
New Well		Change in Tra	nsporter of:		, -					
Recompletion	Oil	🗵 Dr	•							
Change in Operator	Casinghead	d Gas 🔲 Co	ndensate							
f change of operator give name						-				
and address of previous operator										
II. DESCRIPTION OF WEL	L AND LEA					Vind	of Lease		ease No.	
Lease Name					ng i omanon			ate, Federal or Fee NM-0080128		
Wakan Tanka Federa	<u>1</u>	3	Caprock-(Queen				MH-00	00120	
Location Linit Letter K	1 .	550 Ee	et From The	South .:-	23	10 E	et Emm The	West	Line	
Unit LetterK	::	re	et From The	Lin	e and	re	et Hom The			
Section 27 Town	ship 13S	Ra	nge 3	lE ,N	мрм,	Chave	5		County	
III. DESIGNATION OF TRA				RAL GAS			(4): (
Name of Authorized Transporter of Oi	I X	or Condensate		•	ve address to wh				, <u></u> ,	
Navajo Refining Company					P.O. Box 159 Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Ca	singhead Gas	or	Dry Gas	Address (Gn	e acaress to wi	исп арргочеа	copy of this j	orm is to be ac	/	
If well produces oil or liquids	Unit	Sec. Tv	n Ree	Is gas actual	v connected?	When	?			
If well produces oil or liquids, give location of tanks.	l M	i	135 31E		.,	į				
If this production is commingled with t					iber:					
IV. COMPLETION DATA	·	-							_,	
	75	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi			<u> </u>	Tatal Danth	<u> </u>	<u> </u>	I DRTD	l	_l	
Date Spudded	Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
TO THE DEED DE CO.	Nome of D				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations								Depth Casing Shoe		
• • • • • • • • • • • • • • • • • • • •										
]	TUBING, C	ASING AND	CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							-			
V. TEST DATA AND REQU	IEST FOD	LLOWAR	I F							
V. 1ESI DATA AND REQU	DEST FUR F	otal volume of i	oad oil and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	urs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size		
		Oil - Bbls.			Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.									
							.1			
GAS WELL							C	Condenser's		
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate			
_	There is the	The December (Charles In)			Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	ng Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Frederic (Silva III)						
		2.001.07	LANCE	1						
VI. OPERATOR CERTIF					OIL COI	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and a Division have been complied with	egulations of the	e Oil Conserval	above		· ·		. بهر به این د	- :		
is true and complete to the best of	my knowledge	and belief.		Det	e Approve	ed				
				Dai	o , ippiovi					
Signature Signature	<u> </u>			D.V		Owin din	ned h v			
Signature		רד זד	resident	by_		Paul K	autz			
Printed Name		Т	itle	1 7	9	/ A l .	gist			
Printed Name 10/1/92	915	687-050								
Date		Teleph	one No.	11						

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) Senerate Form C-104 must be filed for each pool in multiply completed wells.