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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

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. SANDSTONE OIL & GAS 005-20686

1330 East 8th S	treet #304	. Odessa.	Teva	ıs 79761	i				
Reason(s) for Filing (Check proper box)		, 040334,	TCXC		er (Please expl	ain)			
New Well	Chan	ge in Transporte	r of:		fective o		change	of opera	ator
Recompletion	Oil	Dry Gas				8/1	/90	p	
Change in Operator XX	Casinghead Gas	Condensat	<u> </u>		<del></del>				
If change of operator give name and address of previous operator 10	rexco P.	Q. Box 48	1. Ar	tesia, b	lew Mexic	n 882	10		
II. DESCRIPTION OF WELL	ANDIVACE								· · · · · · · · · · · · · · · · · · ·
Lease Name	Well No. Pool Name, Including Formation					Kind	Kind of Lease Lease		ease No.
The state of the s			1			Federal or Fe			
Location	·	· I JOINALI	MIIV.	MIL MIGIE	:3			<del></del> 51	120
Unit LetterA	6	60 Feet From	The .	orth Line	and66	50 F	eet From The	east	Line
Section 36 Township	p 7-S	Range	31E	, NN	ирм,		Chaves		County
								***	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil			NATU:						
•	X of C	ndensate			e address to wh		• • •		•
Enron Qil Trading Name of Awhonized Transporter of Casing				P.O. 6	ox_1188	Hous	ton, Tex	as,7 <i>7,</i> 2,	51 - 1188
Cities Service Oil Com			—	I .	e address to wh				int)
If well produces oil or liquids,	Unit Sec.	Twp.	Pos		sville,	<del>Oklaho</del> i	<del>na 7400</del>	3	
give location of tanks.	H 36	1 7 5 1	∪1 ⊑ vRe	is gas actually		Wher	N/	Δ	
f this production is commingled with that IV. COMPLETION DATA	from any other leas	e or pool, give o	omming!	ing order numb	ег:			-	
Designate Type of Completion	- (X)  Oii	Well Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Rea	dy to Prod.		Total Depth	····	l	P.B.T.D.	<u> </u>	
				,			1.3.1.3.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
								<b>,</b>	
	TUBI	NG, CASING	AND	CEMENTIN	IG RECOR	D	<del>'</del>		
HOLE SIZE CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
						<del>- · · · · · · · · · · · · · · · · · · ·</del>			
/ mnom n / m / / N/n n novi na	<u> </u>						<u> </u>		
V. TEST DATA AND REQUES OIL WELL Test must be after re									
OIL WELL (Test must be after re Date First New Oil Run To Tank		uma of load oil a	ind must					or full 24 how	rs.)
THE PART OF THE PARTY	Date of Test			riodicing Me	thod (Flow, pu	mp, gas iyi,	uc.j		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
	<u> </u>						1		

Actual Prod. During Test Oil - Bbls. Water - Bbls. GM- MCF

**GAS WELL** 

Date

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief. Hans Signature Printed Name DOUG HAM Partner Tide (915)334-8531

## OIL CONSERVATION DIVISION

OCT 1 7 1990 Date Approved \_

ORIGINAL SIGNED BY JERRY SEXTON By\_

DISTRICT I SUPERVISOR Title\_

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.

Telephone No.

- 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.