Submit 5 Copies
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 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Drawer DD, Adeas, No. 90219	Santa Fe, New Mex	100 6/304-2000					
STRICT III 00 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWABL	E AND AUTHORIZAT	ION				
	TO TRANSPORT OIL AND NATURAL GAS			Well API No. 30-025-05038			
Barbara Fasken	rbara Fasken			125-0503			
dress 303 West Wall Ave.,	Ste. 1900, Midland, TX	79701			<u> </u>		
ason(s) for Filing (Check proper box)		Other (Please explain)					
w Well	Change in Transporter of: Oil Dry Gas						
completion	Oil Dry Gas Casinghead Gas Condensate	Change of operator	effec	tive 7/	1/93		
ange in Operator	na Oil & Chemical Company					-0887	
hange of operator give name Fill address of previous operator	na Uli & Chemical Company	, r. U. DUA TUQUI					
DESCRIPTION OF WELL	AND LEASE		77:-4 06	1	1 22	se No.	
Pase Name Wingard	Well No. Pool Name, Including 5 Gladiola I	g Formation Devonian	Kind of	SENANO Fee			
ocation A	: 660 Feet From The NO	rth Line and 460	Feet	From The _	East	Line	
Unit Letter	10 2 37	. NMPM.	Le	a		County	
Section 24 Townsh	ip 12 Range 9.						
A DESIGNATION OF TRA	NSPORTER OF OIL AND NATUL	RAL GAS		2.11. 6			
ame of Authorized Transporter of Oil	or Condensate	111000000	approved o	74102	rm is to be ser)	u)	
Amoco Production Co		P.O. BOX 591, Tul Address (Give address to which	Sa, UN			rt)	
lame of Authorized Transporter of Casi	nghead Gas	Address (Give address to which	lsa N	K 7410)2	/	
Warren Petroleum Co	mpany	S gas actually connected? When?					
well produces oil or liquids, ve location of tanks.	24 12 37	yes	_i		 		
this production is commingled with the	at from any other lease or pool, give commingl	ing order number:					
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)						
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casin	g Shoe		
	TUDDIC CASING AND	CEMENTING RECORD	<u> </u>	1			
	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & TOBING SIZE						
				 			
V. TEST DATA AND REQU	IFST FOR ALLOWABLE			<u> </u>		- 1	
OIL WELL (Test must be aft	FST FOR ALLOWABLE er recovery of total volume of load oil and mu	si be equal to or exceed top allow	vable for the	is depin or be	Jor Juli 24 NO		
Date First New Oil Run To Tank	Date of Test	Producing Medica (1 10%, p.s.	тр, даз іуі,				
Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas- MCF			
GAS WELL	Length of Test	Bbls. Condensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Teat						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Siz	e		
	TCATE OF COMPLIANCE	3:: 00:		ATION	וסועופו	ON	
VI. OPERATOR CERTIF	FICATE OF COMPLIANCE	OIL CON	SEHV	AHON	ופועוטו	ON	
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.		Date Approve	d	1111	0 2 199	3	
		Date Approve	·	∪∪ -	DOV CEVY	N	
Mark B. Mond	ORIGII	NAL SIGN	1ED BA 1E	RRY SEXTO			
alian D. h. Man	By DISTRICT I SUPERVISOR						

Mark B. Merritt

Printed Name 6-30-93 Date

> 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

Title

- 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.

GARRIVELY

OFFICE