Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Thergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

_						NU AUTHO		ı			
Operator		O IHA	MSP	OHIU	IL AND	NATURAL		API No.			
Operator Purvis Oil Corp) .						""				
Address							. <u> </u>				
P. O. Box 11006	5 Midlar	nd, To	exas	7970	2						
Reason(s) for Filing (Check proper box)						Other (Please	explain)				
New Well	(hange in									
Recompletion 🔲	Oil	[]	Dry Ga	, I							
Change in Operator X	Casinghead]						
change of operator give name Rice and address of previous operator	e Engined	ering	Corp	., 12	2 W. T	Caylor, Ho	bbs, New	Mexico 88	3240		
·					 -						
I. DESCRIPTION OF WELL			15.55		. 4: F			d of Lease	1 1	ease No.	
Lease Name Gladiola SWD System "H	Well No. Pool Name, Includi					e, Federal or Fee	1				
Location	l		1		(50,00				L		
Unit LetterH	198	0			North		660		East		
Unit Letter	_ :		Feet Fr	rom The _		Line and		Feet From The		Line	
Section 5 Townshi	ip 12 Soi	uth	Range	38 E	Cast	, NMPM,	Le	ea		County	
	r		д.								
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AN	D NAT	URAL C	GAS SI	v_0	well			
Name of Authorized Transporter of Oil		or Conden		[-]			o which approv	ed copy of this for	m is to he se	rni)	
						<u>, </u>					
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gar [_	Addre	18 (Give address t	o which approv	ed copy of this for	m is to be se	rnt)	
							···				
If well produces oil or liquids, give location of tanks.	Unit S	Sec.	Twp. I	Į Rg	e. In gan	actually connected	d? Who	en /			
	11	•	l				L				
f this production is commingled with that V. COMPLETION DATA	Irom any other	SWD	pool, gi	ve commii	ngiing orac	r number:					
v. Com Billon Data		WHWell	·-·· 1 ···	Gas Well	l New	Well Workove	r Deenen	Plug Back S	ame Resiv	Diff Res'v	
Designate Type of Completion	- (X)	X	i		1	1	l Dayan	I log back j.	and ites	1	
Date Spudded	Date Compl.	Ready to	n Prod.		Total	Depth 1	!	P.B.T.D.		_ I	
02/19/1957	10/10	/1957			1	2,4641		-			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation Disposa				The MARAY Disposal Zone			Tubing Depth		
Gr: 3867' RKB: 3881'	Devon	Devonian				ОН 12,219'-464'			12,221'		
reiforations									Depth Casing Shoe		
Inject. Tbg.	$3\frac{1}{2}$ " (40	0 jts)_&_;	2-3/8'	' (11	jts) 12	2,221'				
	π	JBING,	CASI	NG AN	D CEMI	ENTING REC	ORD				
HOLE SIZE	CASI	NG & TU	JBING !	SIZE		DEPTH S	SET		CKS CEM	ENT	
-		13-3/8"				303'			Circ'd		
11"	8-5/8"				4512' 12,014'			Circ'd			
7-7/8"		5-½" 4-½"						TOC @ 11,317'			
V. TEST DATA AND REQUE	_1		ā di e	· · · · · · · · · · · · · · · · · · ·	. 1	11,935' -	12,219'	50 sx			
) IL WELL (Test must be after t				ail and m	ust ha aau	of to or exceed to	n allowable for i	his death or he for	r full 24 hau	er)	
Date First New Oil Run To Tank	Date of Test		19 1020	Ou Dia in		ing Method (Flo			, jaz. 24 noa		
							, , , ,	. ,			
Length of Test	Lubing Press	RIFE			Casing	Pressure		Choke Size			
					1						
Actual Prod. During Test	Oil - Bbls.				Water	- Bbls.		Gas MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	est			Bbls.	Condensate/MMC	T	Gravity of Co	ndensate		
lesting Method (pitot, back pr.)	Tubing Press	sure (Shu	i ini)		Casing	Pressure (Shut in	n)	Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COME	ואו וי	NCF	1						
I hereby certify that the rules and regu						OIL C	ONSER	VATION D	IVISIO	NC	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.						Date Approved					
$\mathcal{Q}_{\mathcal{A}}\mathcal{D}$.						outo Appit	,,,,,,				
X.A. Turr	<u> </u>					Du an	ಶವಾಗಿ ಕಾರ್ಯ-೧೯	සිට එක (උළුගුරු	****		
J. H. Purvis President						В у <u></u> <u>_</u>	although Marying Like Yours	KD RY JERRY A RUPERVISO	DEXION.		
Printed Name	rr	estae	Title				t tolafit.g	4 PEST DRIAI20	ĸ		
September 3, 1991	915/6	82-73	46			Title	··			<u> </u>	
Date		Tel	ephone l	No.	1						

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

RETECT

SEP 05 1991

HOME OFFICE