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

I.

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 Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Loss Control	<u> </u>	Casinghea	d Gas	Con	densate		Ef	fective	Date	Ju]	Ly 1, 19	993 ————		
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (x) or Condensate P.O. Box 4666, Houseton, 7x7 7/210-4666 Name of Authorized Transporter of Catinghead Gas X or Dry Gas P.O. Box 46666, Houseton, 7x7 7/210-4666 Name of Authorized Transporter of Catinghead Gas X or Dry Gas P.O. Box 45666, Houseton, 7x7 7/210-4666 Name of Authorized Transporter of Catinghead Gas X or Dry Gas P.O. Box 1589, Tulsal, OK 74102 If well produces of oil figuids, Unit Sec. Twp. Reg. tags settually connected? When 7 Whe	Section 6 Townshi	p 13S		Rang	ge :	38E	, N	мрм,		L€	ea		County	
EOTT Energy Corporation P.O. BOX 4666, HOUSTON, TR. 77210-46666 Provided Insuspence of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, Tules, OK 74102 If well produces oil or liquids, Unit Sec. Twp. Reg. Is gas actually connected? When? Ves N/A This produces oil or liquids, Unit Sec. Twp. Reg. Is gas actually connected? When? V. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res' Diff Res' Designate Type of Completion - (X) Date Syndded Date Compl. Ready to Prod. Total Depth P.D.T.D. Elevations (DF, RRB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TUBING Pressure Casing Pressure Casing Pressure Choke Size Child Producing Method (Flow, purp., gas lift, etc.) Casing Pressure Choke Size Tubing Pressure Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Oil CONSERVATION DIVISION Date Approved	II. DESIGNATION OF TRAN		R OF O	IL A	ND N	ATU								
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Signature / // // DV OUGHAL ANGABLE BAY STANK PROTOCOL	Charlotte Van Valkenburg-Technical Coordinator						10 C O 1357							
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Printed Name 7-16-93 918-491-4314 Date Title Title Title	7-16-93		-191 -18-491	Title -431	14		Title_		~F# (1\)		JO: ER 413		-	

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.