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

## State of New Mexico J....gy, Minerals and Natural Resources Department

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

97

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REC					AUTHOR TURAL G					
Operator	rodu				IL AND W	TONALO	Well	API No.	_		
Marks & Garner					30-025-23381						
Address P O Box 70, Lovingt	on, NM	88260-	-0070	ı							
Reason(s) for Filing (Check proper box)					Ot	her (Please exp	lain)				
New Well		Change i	7								
Recompletion X	Oil		Dry G								
Change in Operator  If change of operator give name	Casinghe		Conde		D 0-10-		11		267.0031		
and address of previous operator	<del>α</del> υ Op	erating	g Co.	, Ine.	, то во	x 670781	, Dalla	5, IX 15	367-08/1		
II. DESCRIPTION OF WELL	AND LE		T====				T ::::				
N. M. (80) State  Well No. Pool Name, Inclu 1 Tres Papa								of Lease Federal or Fe	of Lease Lease No. Federal or Fee K-5024		
Location R	1	980		1	East	660			North		
Unit LetterB								eet From The	Noten	Line	
Section 33 Townsh	<sub>lip</sub> 14-S		Range	34-E	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRAI	NSPORT	ER OF O	IL AN	D NATU	IRAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Amoco Pipeline Comp Name of Authorized Transporter of Casin	Gas [	3411 Knoxville Ave., Lubbock, TX 79401  Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas J. L. Davis					Denton Gas Plant, 211 N. Colorado, Midland,						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	-	ls gas actual	ly connected?	Whe	7			
If this production is commingled with that	from any of	lher lease or	14		Ye			11/7/70			
IV. COMPLETION DATA	nom any or	and round of	poor, gr	ve ochtaning	ing older nun						
Designate Type of Completion	- (X)	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	ipl. Ready to	Prod.		Total Depth		-•	P.B.T.D.	•	-	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casing Shoe			
									8		
TUBING, CASING AN					CEMENTI	NG RECOR	.D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-			
			<del></del>								
TECT DATA AND DECISE	CT FOR	ALLOW	ADID					l			
V. TEST DATA AND REQUES  OIL WELL (Test must be after t				oil and must	be equal to or	exceed top allo	owable for the	s depth or be t	for full 24 how	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
	ļ							Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>							J			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
/I. OPERATOR CERTIFIC	ATE OF	СОМЬ	IIAN					<u> </u>			
I hereby certify that the rules and regula				CL		DIL CON	ISERV	I NOITA	DIVIŞIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
is true and complete to the best of my l	mowleage at	na beile!,			Date	Approve	d	·			
Charles St Same											
Strature  James H. Garner  Partner					By <u>District</u>						
Printed Name	<del></del>		Title				•				
08-15-91 Date	50	)5-396-	5326		''''					PARTY AND THE THE PARTY OF THE PARTY AND THE PARTY OF THE	
LIMP		د ما م ن	ากดทค №	1	1.1						

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.