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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, Astesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	RFO		·	-		I F AND	)4-2088 AUTHORIZ	ZATION				
<b>I.</b>	11110			_			TURAL GA					
Operator I & LU TRANSPORTATIO						V Tale			Well API No. 30-025-7339 /			
Address DO Roy	9	3a	1 6	1 10			( N W				<u></u>	
Reason(s) for Filing (Check proper box)	1	-> 1	LU	101	<u>n</u>	Oth	er (Please expla	in)	58 < <b>49</b> §	/		
New Well		Change in	Transpo	rter of:	_							
Recompletion	Oil Casinohe	ead Gas	Dry Ga	_		Skin	· Δ11.	0 11 5	WB (AR	(mao)	علما معد	
If change of operator give name and address of previous operator	- County N						1011	<u> </u>	con (ut	Shroxy	200 Guly	
II. DESCRIPTION OF WELL	AND LE											
Chell STATE (S	(1) (1)	Well No.				g Formation 기술은 S			of Lease Federal or Fee	L	ease No.	
Location		1								_1	<u> </u>	
Unit LetterK	:_19	80'	_ Feet Fr	om The	<u> </u>	Line	e and <u>198</u>	<u> </u>	eet From The	67051	Line	
Section 32. Township	, 14	<u> </u>	Range	5	34	F, N	МРМ,		Len		County	
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL AN	D NAT	rur	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. BOX BOB HOLD SAIM 88247						
JENEX CIRRITING Name of Authorized Transporter of Casing									S,NM 88241 Copy of this form is to be sent)			
Traine of Additionized Transporter of Chang	sporter of Casinghead Gas or Dry Gas					Address (GIN	e acaress to wh	ich approve	d copy of this for	m is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	R	ge.	ls gas actually	y connected?	Whe	n ?			
If this production is commingled with that i	from any o	ther lease or	pool, giv	e comm	ingli	ng order numb	ber:	<b>I</b> ,				
IV. COMPLETION DATA	· · · · ·	Oil Well		Zee Well		New Well	Westerne		1		burn .	
Designate Type of Completion					' ; 	New Well	Workover	Deepen	Plug Back   S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth		<del></del>	P.B.T.D.		<del></del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
		m innia	G + 673	10 43								
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					CEMENTI	NG RECORI	<u> </u>	SACKS CEMENT			
		OASING & TOBING SIZE				DEFITISE						
					_							
						<del></del>						
V. TEST DATA AND REQUES							<del></del>		<u> </u>			
OIL WELL (Test must be after re	Date of T		of load o	il and m			exceed top allow thou (Flow, pure			full 24 hour	s.)	
	Date of A					· rouseing 1.10	1100 (1 10 <i>1</i> 1, p.	φ, gas 191,				
Length of Test	Tubing Pressure				(	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				1	Water - Bbis.			Gas- MCF			
GAS WELL									<u>.i.</u>			
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA				CE		ے ا	JII CON	SERV	ATION D	MISIO	iNI	
I hereby certify that the rules and regula Division have been complied with and t	that the infe	ormation giv	vation en above		i						14	
is true and complete to the best of my k	newledge :	and belief.				Date	Approved	1	3 0 1005			
$\langle X \rangle_{0}$	Y~						• •					
Signature DA C	2/2 22	A 4 [	MA	0		Ву	ORIGINA GAF	LSIGNE	DBY			
Printed Name	2hm		MG I	<u> </u>		Title	FIFI	D REP. I	1			
Date / / 4 / 25		396 - 3 Tele	3 3 phone N		-	11118					W. 178.00	

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.