Submit 5 Copies
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, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.		720:	
I & W TRANS	PORTATI	ON						30-0	025-2	3391	
Address P.O. BOX 9	39 LO	VINGTO	N, N	M 8826	0						
Reason(s) for Filing (Check proper box)					Oth	er (Please exp	lain)				
New Well	orter of:	MOVE 400 bbls MISCELLANEOUS HYDROCARBONS									
Recompletion	TO JADCO ON 16-61-92										
If change of operator give name	Castilgica	d Gas	Conde	illeauc	·····		- dat	<u>c </u>			
and address of previous operator II. DESCRIPTION OF WELL		ASE									
Lease Name	IN VER BEA		Pool N	Name, Includ	ing Formation Kind			of Lease Lease A		ease No	
SHELLSTATE S	SWD	1			- 1			Federal or Fe	•	TATE	
Location Unit LetterK	. 1980	0	F4 F	· · · · · · · · · · · · · · · · · · ·	South	. 1	090 -	. =			
22	1.46										
	·-			34E		MPM,			<u> LEA</u>	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OF O		<u>ID NATU</u>		e address to w	hick company	l samu of this f			
I & W TRANSPORTATION		or conden	ionic.		Γ.0. E					:MI)	
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas		e address to w		GTON, NO I copy of this f		ent)	
If well produces oil or liquids,	Unit										
give location of tanks.		Sec.	Twp.	l Rge.	is 8ss across	y commected?	When	1 !			
If this production is commingled with that	from any oth	er lease or	pool, gi	ive comming	ling order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i			I	Dapa	I TIOG DACK	Same Res v	Dan Resv	
Date Spudded	Date Comp	ol. 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	<u> </u>				<u> </u>			Denth Casin	Depth Casing Shoe		
								Depar cash	ig office		
	T	UBING,	CASI	ING AND	CEMENTI	NG RECOR	AD.				
HOLE SIZE	CAS	SING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
									·		
V TEST DATA AND DECLIES	T FOR A	HOW	IDIE			-					
V. TEST DATA AND REQUES OIL WELL (Test must be after r					he equal to or	exceed top all	oumble for the	ie danth ar ha	for full 24 hou	me)	
Date First New Oil Run To Tank	Date of Tes		9 1000			ethod (Flow, p			jor jaar 24 noa	73.7	
Length of Test	th of Test Tubing Pressure				Casing Press	ire		Choke Size			
Actual Prod. During Test				Water - Bbls.			Gas- MCF				
GAG TIPPLY											
GAS WELL Actual Prod. Test - MCF/D	I anoth of "	l'ast			Bbis, Conder	ania A A I CP		10-10-22	Tanga		
Actual Prod. Test - MCF/D Length of Test					Bois. Conger	SHIE/MIMICH		Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATF OF	СОМР	TIAN	VCF	1						
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					פפי צי מ דמת						
(1++ +/1/1/2)						Approve	!U				
Signature 4 4 1 1 1					By_	By ORIGINAL SIGNED BY MELLY TILETON					
Hyl. Hilliker						-	TRIN 1 5U	PERVISOR			
Printed Name 10-01-92	_=	396-	Title ♂ 국	3 /	Title						
Date			phone i								

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.