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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator I & W TRANSPORTATION Well A									PI No.		
Address P.O. BOX 93			N M	————— м явэё	0						
Reason(s) for Filing (Check proper box)		V 1 NG 1 O	N, NI	M 8826		er (Please expl	lain)				
New Well Change in Transporter of:						MOVE 420 bbls MISCELLANEOUS HYDROCARBONS					
Recompletion Oil Dry Gas											
Change in Operator Casinghead Gas Condensate						TO JADCO ON					
If change of operator give name							Uac				
and address of previous operator II. DESCRIPTION OF WELL A	ANDIEA										
Lease Name	Well No. Pool Name, Including				ng Formation Kind o			f Lease No.			
SHELLSTATE S	เมอ	1 1						ederal or Fee STATE			
Location	<u> </u>	<u>-</u>	<u> </u>	DIVDINO	JAN	MIDILES	<u>L</u>		ــــــــــــــــــــــــــــــــــــــ	AIL	
Unit Letter K	: 1980	0	Feet F	rom The	SouthLin	e andl	. <u>980</u> Fe	et From The	lest	Line	
·· Section 32 Township 14S Range 34E				34E	, NMPM, LEA County					County	
III DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	ID NATU	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
I & W TRANSPORTATION				г.о. в	OX 939	LOVING	GTON, NM	TON, NM 88260			
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Giv	e address to w	hich approved	copy of this form	is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When			7			
If this production is commingled with that i	rom any oth	er lease or	pool, gi	ve commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	l D	l Dive Deals Ice	D'	bor now	
Designate Type of Completion	- (X)		i	Cas Well	New Well	Workover	Deepen	Plug Back Sai	me Kes v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth			P.B.T.D.		•	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Perforations					l	Depth Casing Shoe					
		710010	G 4 61	NG 1ND	CEL CEL IT	NG PEGOE		1			
HOLE SIZE	7				CEMENTI	NG RECOR		T	NO OF N	FAIT	
HOLE SIZE	CAS	CASING & TUBING SIZE				DEFIN SET			SACKS CEMENT		
								-		······································	
V. TEST DATA AND REQUES	T FOR A	ILOW	ARLE	,			-				
OIL WELL (Test must be after r					he equal to o	exceed ton all	lowable for thi	is depth or he for	fuli 24 hau	re l	
Date First New Oil Run To Tank	Date of Te		0,1000		, _	ethod (Flow, p			, m. L + 1,0 m		
Length of Test	Tubing Pre	Tubing Pressure				ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL	L.,	· · · · · · · · · · · · · · · · · · ·			<u>l</u>			1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sate/MMCF		Gravity of Con-	Gravity of Condensate		
							•				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	СОМІ	PLIA	NCE				1			
I hereby certify that the rules and regul				\CL			NSERV	ATION D	IVISIO	ON	
Division have been complied with and that the information given above						SEP 24					
is true and complete to the best of my l	knowledge ar	nd belief.			Date	Approve	ad.			•	
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11 echael N	Ca	s dil	_e,		By	ORIGINAL	SIGNED R	A TEBBA KEZ.	ron		
Signature Michael D. Caudill 1991. Printed Name Sept 22, 1992 Telephone No.					By _	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPPRISSOR					
					Title		· 				
Date		Tel	ephone l	No.							

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.