EH 1.	STATE OF NEW MEXICO ERGY AND MINFRALS DEPARTMENT DISTRIBUTION BANTA FE FILE U.S.U.S. LAND OFFICE U.S.U.S. CAND OFFICE OFERATOR FROMATION OFFICE Coperator	P. O. DO SANTA FE, NEW REQUEST FO	ATION DIVISION DX 2088 W MEXICO 87501 R ALLOWABLE IND PORT OIL AND NATURAL GAS	Form C-104 Revised 10-1-78	
	Gil-Mc Oil Corporation				
	c/o Oil Reports & Gas Services, Inc., Box 763 # Hobbs, NM 88240 Resson(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Other (Please explain) To cover estimated 167 bbls oil to be recovered in June from SWD System. If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including F	State, Federa		
	New Mexico "85"	Tres Papalo			
	Unit Letter J ; 183	0Feet From The <u>South_</u> Lir	ne and Feet From '	The East	
	Line of Section 28 Township 14S Range 34E , NMPM, Lea County				
п.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Cil		Address (Give address to which appro Box 1183, Houston, TX Address (Give address to which appro	77001	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
	If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.) **ame of Producing Formation		Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u></u>	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alle. able for this depth or be for full 24 houre) OIL WELL Date of Test Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF	
			<u> </u>		
	GAS WELL				
	Actual Frod. T+s1+MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Teeting Method (pirot, back pr.)	Tubing Pressure (ghut-in)	Coming Pressure (Shut-in)	Choke Size	
ן ד	CERTIFICATE OF COMPLIANC]]E	OIL CONSERVAT	L	
			APPROVED		
	I hereby certify that the rules and r Division have been complied with	and that the information given	Orig. Signed by		
above is true and complete to the best of my knowledge and belief.			BY Jerry Sexton TITLE Dist 1, Supv.		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on now and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.		
-	ORIG. SIGNED BY DONNA	ture)			
	(Signa Agent				
•	(Tin) 7/9/80	•)			
•	//9/00 (Dui	(*)			