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 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>	TO	TRAN	SPORT OIL	L AND NA	TURAL G	AS				
Operator T. D. H. Oil Drodugons						Well API No.				
J.P.H. Oil Producers					30-025-23651					
c/o Oil Reports	& Gas Serv	ices.	Inc., P.O	Box 7!	55. Hobbs	. NM 88	241			
Reason(s) for Filing (Check proper b			·····		ner (Please expl			· · · · · · · · · · · · · · · · · · ·		
New Well		_	ansporter of:							
Recompletion	Oil Casinghead (ry Gas — ondensate —	Ef	ective 1	/1/93				
f change of operator give name and address of previous operator	MGF Oil Cor	p., P.	0. Box 21	540, Tu	sa, OK 7	4121-15	40			
• •	II AND IEAC	·E					-,			
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include				ing Formation Kind			of Lease No.		ease No	
Huber					ley Permo Penn			f Lease Lease No.		
Location										
Unit LetterA	: : 510	Fe	et From The <u>N</u>	orth Li	ne and66	0 F	eet From The _	East	Line	
Section 9 Tov	vnship 12S	ъ.	inge 33	E N	МРМ,	Lea			0	
Section 5 10V	VIISIRP 120		inge 33	<u> </u>	MPM,	nea			County	
II. DESIGNATION OF TR	RANSPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of C EOIT Encorgy Co Enron Oil Tradi	Oil XX or	Condensate	· 🗆	1			copy of this for		•	
Enron Oil Tradi Name of Authorized Transporter of C	P.O. Box 1188, Houston, TX 77251-1188									
Warren Petroleu	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102									
If well produces oil or liquids,	vp. Rge.	Is gas actually connected? When ?								
ive location of tanks.			2S 33E	Yes		L	n/a			
f this production is commingled with V. COMPLETION DATA	that from any other	lease or poo	l, give comming	ling order nun	iber:			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Complete		Oil Well	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Date Compl. 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			
Perforations							Depth Casing Shoe			
	Crus II	DDIG G	ODIC AND	CE) CE) IIII	NO DECOR		<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLL SIZE	OASIII	CASING & TUBING SIZE			DEF ITTOE!			SAOKS CEMENT		
. TEST DATA AND REQ	UEST FOR AL	LOWAR	I.F	<u> </u>			ļ			
	fter recovery of total			be equal to or	exceed top allo	wable for thi	s depth or be for	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu			· ,		
							Choke Size		 	
ength of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
W 0000							1			
VI. OPERATOR CERTIFY I hereby certify that the rules and a Division have been complied with	regulations of the Oil	Conservation	on		OIL CON	ISERV	ATION D			
is true and complete to the best of		-		Date	Approve	d	JAN	29 19)JJ	
Monnie Doller				By ORIGINAL SIENZO BY JERRY SEXTON ORTHOT I SUPERVISOR						
Signature Donna Holler		Age			OH	TRICT I SI	UPPRVISOR			
Printed Name 1/12/93	(50	Tit 5) 393-		Title		·				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.