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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azie.; NM 87410

Santa Fe, New Mexico 87504-2088

Revised 1-1-89
See Instructions
at Bottom of Page

I.	REQU				BLE AND						
TO TRANSPORT OIL AND NATURA							NE GAS Well API No.				
J P H, Oil Produce											
Address	:15						1 3	0-025-237	36		
c/o Oil Reports &	Gag So	rvices	Tno	, n) Por 751	. Habba		0.43			
Reason(s) for Filing (Check proper box)	oda be.	r vices,	1110	P.V		o. Hopps of (Please exp		241			
New Well		Change in	Transp	orter of:							
Recompletion []	Oil		Dry G								
Change in Operator	Casinghe	id Gas 🗍	Conde		Ef:	fective	1/1/93				
If change of operator give name MGE	Oil C	arn E	. ^	Box 2	1540, Tuls	- OV 7	4101 15	40	······································		
and address of previous operator	011 (J.p., F		BOX Z.	1340, Tuli	sa, UK /	4121-15	40			
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name			lame, Inclu	_			Kind of Lease Lease State, Federal or Fee			
Huber A		1	Bag	ley, I	ermo Penn	North	/S0x0	, Pedicial or Fee			
Location									···		
Unit LetterC	_ :660)	Feet Fr	rom The	North Line	and 198	O .	eet From The	West	Line	
· · · · · · · · · · · · · · · · · · ·							 •				
Section 9 Townshi	p 12S		Range	33	E N	IPM,	L	ea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AN	D NAT	URAL GAS						
Name of Authorized Transporter of Oil	xxx x	or Conden	sate		Address (Give	address to w	hich approve	d copy of this for	m is to be ser	nu)	
Entron Oil Trading	P.O. Box 1188, Houston, TX 77				1-1188						
Name of Authorized Transporter of Casing	ghead Gas	XXXXX	or Dry	Gas	Address (Give	address to w	hich approve	d copy of this for	m is to be ser	nt)	
Warren Petroleum C		ion			P.O. Box	1589	Tulsa.	OK 74102			
If well produces oil or liquids,	Unit	Sec.	Twp.	Re	. Is gas actually		When				
give location of tanks.	<u> </u>	9	12S					n/a			
If this production is committeed with that	from any oth	er lease or p	pool, giv	ve commin	gling order numb	er:					
IV. COMPLETION DATA		_,						-,			
Designate Type of Completion	- (Y)	Oil Well	į (Gas Well	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
		1	<u>_</u>		1	·		<u> </u>		<u></u>	
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, 17R, etc.) Name of Producing Formation					Ton Oil/Gas P	241					
Elevations (Dr., RKB, K1, GR, Sic.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	L <u></u>	 			1				<u>~</u>		
								Depth Casing	Snoe		
		TIDDIC	C 4 CT	NO AND	CEL CEL MINE	C DECOR		<u> </u>	·		
TUBING, CASING AT HOLE SIZE CASING & TUBING SIZE									SACKS CENENT		
HOLE SIZE	CA	SING & TU	BING S	SIZE		DEPTH SET			SACKS CEMENT		
	 	 					 	-			
	 							 			
V. TEST DATA AND REQUES	T FOD A	TIOWA	RIE					<u> </u>			
OIL WELL (Test must be after re					nt ha agual to an		awahla fan sh	in dameh an ba fai	n 6.11 24 h a.m.	- 1	
Date First New Oil Run To Tank	Date of Te		n noua c	ou unu mu	Producing Met				jui 24 nous	·/	
Date i ile i ver Oil Ruii i o i alle	Date of 16				7 TOOLGING THE	ios (r.iow, pi	சும், ஜன பிர்,	,			
Length of Test	h of Test Tubing Pressure					<u>'e</u>		Choke Size			
Dugar or 10m	I noing Flessure				Casing Pressur	•					
Actual Prod. During Test Oil - Bbls.					Water - Bbls	Water - Bbls.			Gas- MCF		
	On - Dois.										
GAR TIME I	L							<u></u>			
GAS WELL							<u> </u>	::			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	Bbls. Condensate/MMCF			ndensate		
	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					
Testing Method (pitot, back pr.)					Casing Pressur				Choke Size		
	<u> </u>		·			· / · · · · · · · · · · · · · · · · · ·		<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	_	^^*	10ED: 1	ATION -		k i	
I hereby certify that the rules and regula						VIL CON	12FHA	ATION D	NVISIO	N	
Division have been complied with and that the information given above					_1				AN 29 1993		
is true and complete to the best of my k	mowledge at	ou delief.			Date	Approve	d	VAN	- W U 130	~	
10 :100					11 - 3.3	• •					
Johnson Dulle					By_	ORIGINAL	CBNON	BY JERRY SE	NOTX		
Signature Donna Holler		λ.	gent			D	5TMC113	DARMERS			
Printed Name		A	Title		Title						
					II INIO						

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

1/12/93

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.

(505) 393-2727

Telephone No.

- 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.