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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		UINA	INSP	ON I OIL	AND NA	UNALGA		ADI NO			
Operator								Well API No.			
Jimmy P. Hodge dba J P H Oil Producers								30-025-25321			
Address	<u> </u>	_	_	O B	755 11-1	oba MM O	18241				
c/o Oil Reports & Gas	Services	s, Inc	., P	.0. вох	/55, HOL	DDS, NM O					
Reason(s) for Filing (Check proper box)		<b>~</b> .	ar.			r (Please expla	-				
New Well		Change in			To amer	nd operat	or fro	m Jimmy F	P. Hodge	to above	
Recompletion	Oil		Dry G	_							
Change in Operator	Casinghead	Gas	Conde	nsate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No.   Pool Name, Includ				ing Formation				ease No.	
Hodge		l Trinity Wo					XXXX	XXXXXX REGISTAL or Fee			
Location							<del></del>				
Unit Letter P	. 66	O	East E	irom The Si	outh Iim	and 810	) 1	Feet From The .	East	Line	
Cini Datei			. rea r	ion the _e	<del>7.7.7</del>		·	et rom me.			
Section 28 Townshi	ip 12:	s	Range	38E	, NI	мРМ,	Le	a		County	
III. DESIGNATION OF TRAN	ISPORTE			ID NATU							
Name of Authorized Transporter of Oil	XX	or Conden	sale		Address (Giv	e address to wh	rich approve	d copy of this f	orm is to be se	:nt)	
Koch Oil Company		P.O. Box 2256, Wichita, KS 67201									
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					int)	
Warren Petroleum Company					P.O. Box 1589, Tulsa OK 74102						
If well produces oil or liquids,	• • • • • • • • • • • • • • • • • • • •				Is gas actually connected? When			n ?	?		
give location of tanks.	P	28	12S		<u> </u>	Yes		1/24/77			
If this production is commingled with that	from any oth	er lease or	pool, gi	ive comming!	ling order numl	ber:					
IV. COMPLETION DATA					·,		· <u>,</u>				
Designate Type of Completion	- (X)	Oil Well	!	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
<u> </u>		<u> </u>	<u>_</u> Ļ	<del></del>	Tatal Danis	<u> </u>	<u> </u>	<u> </u>			
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Тося Бери			P.B.T.D.		
	(DE DVO VE CO ) No de Datain Francis				Top Oil/Gas Pay			Taking Don't			
Elevations (DF, RKB, RT, GR, etc.)	(R, etc.) Name of Producing Formation							Tubing Dep	Tubing Depth		
Perforations					<u></u>			Death Casis	Depth Casing Shoe		
retionations								Depui Casii	ig Silve		
	····			010 LND	OCL (CLITT)	NO PECOP	-	<u> </u>			
	TUBING, CASING ANI							CACKS OFMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
					ļ						
	<del></del>					<del></del>			<del></del>		
							<del></del>		· · · · · · · · · · · · · · · · · · ·		
W TOOM DATE AND DECIDE	CT FOD A	TTOW	A D L Y	,	<u> </u>						
V. TEST DATA AND REQUE							ahla Can (	bia dameb as ba	for full 24 hou		
OIL WELL (Test must be after a Date First New Oil Run To Tank			of load	ou and musi		ethod (Flow, pu			jor juli 24 nou	175.)	
Date First New Oil Run 10 Tank	Date of Tes	<b>s</b> t			Producing M	culou ( <i>riow</i> , pi	ատր, ջա ւկ։	, &16.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Length of Test	lubing Pre	PRINCE			Caping Fics 8						
Actual Book During Test	Oil But	O'l BLL				Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				- DOIS.						
L	1				<u> </u>				·····		
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)		Choke Size			
					1						
VI. OPERATOR CERTIFIC	ATE OF	COMP	PLIA	NCE					= :		
I hereby certify that the rules and regu						OIL CON	<b>USER</b>	/ATION	DIVISIO	NC	
Division have been complied with and that the information given above					APR 15'92						
is true and complete to the best of my					Date	Approve	'nd	HAK I	<b>سا</b> ټ ن		
					Date	Applove					
Dann Daller	,					ABIMINIA	LOCATE	EY LERRY	SEXTON		
Signature		i		<del></del>	∥ By_	NAME OF THE PARTY AND THE	CYPLATI	EY JERRY ! Supervisoi	₹	<del></del>	
Donna Holler		Ager									
Printed Name	-		Title	-	Title						
4/13/92	50	05-393-									
Date -		1 610	cphone	1 TU.	H						

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.