Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departn.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

)

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.			RALLOWAE							
Operator							API No.			
· ·	duct	ian (2		·	3,	5-52	5-29	1991	
P O Box 70, Lovington,	, NM 88	260-0070								
Reason(s) for Filing (Check proper box)	<u></u>			Oth	er (Please expl	ain)				
New Well	•	Change in Tr								
Recompletion	Oil		ry Gas 📖							
Change in Operator X	Casinghea	d Gas C	ondensate							
and address of previous operator			ny, c/o 0	il Repor	ts & Gas	Servic	e, Inc.	Box 75	5, Hobbs	
II. DESCRIPTION OF WELL Lease Name	AND LEA		ool Name, Includi	ing Formation		Kind	of Lease	- L	ease No.	
MGF NM 22 State								Federal or Fee LII-1390		
Location										
Unit LetterC	: 660	0 Fe	eet From The N	orth Lir	e and198	80 Fe	et From The	West	Line	
Section 22 Townshi	p 14S	R	ange 34E	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE			RAL GAS						
Name of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent) P O Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Clas or Dry Clas Warren Pet. Co.				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, give location of tanks.	Unit C	Sec. Tv	p. Rge. Is gas actually connected? Whe				n? 5-18-83			
If this production is commingled with that	from any oth	er lease or poo	ol, give comming	ling order num	ber:					
IV. COMPLETION DATA				<u> </u>	1	1 -	1 = -	10 5	bice north	
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	ļ	Same Res'v	Diff Res'v	
Date Spudded Date Compl.		ol. Ready to Pr	. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	·	TIRING C	ASING AND	CEMENT	NG RECOR	D	<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT	
TIOCE GIZE		OASING & TODING SIZE								
				<u>L</u>			<u></u>			
V. TEST DATA AND REQUES								for full 24 hou	urc)	
OIL WELL (Test must be after recovery of total volume of load oil and must					Producing Method (Flow, pump, gas lift, etc.)					
Date First New Oil Run To Tank	Date of Tes	st.		Producing IV	enion (Prow, pr	ump, gas igi, e	,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>									
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the that the infor	Oil Conservati mation given a	ion	(OIL CON	ISERV	ATION	DIVISIO	NC	
is true and complete to the best of my	knowledge ar	nd belief.		Date	e Approve	d				
Klebra M. Ricaise				Date Approved						
Signature Debra M. Necaise		Offic	e Manager	11	71	aul Kaut Geologist				
Printed Name			tle	11						
10-08-91		505-396 Telepho	<u>-5326</u>	IIIIe						

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.