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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSPC	ORT OIL	AND NA	TURAL GA		DI No.			
Operator Echo Production,	Inc						Well A	.PI No.			
Address P.O. Box 1210	Graham,	, Texa	s	76046				-			
Reason(s) for Filing (Check proper box)					Oth	ет (Please expla	in)				
New Well		Change in	Transpor	ter of:							
Recompletion	Oil X Dry Gas										
Change in Operator	Casinghead	Gas 🗌	Condens	sate 🔲_							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Lowe Land Co.	Well No. Pool Name, Includir 1 King, Nor				ng Formation Kind th Devonian State,			f Lease Lease No.			
Location Unit LetterC	_ :3:	30	_ Feet Fro	om TheN	orth Lin	e and 2310	Fe	et From The	West	Line	
Section 3 Townshi	, 13 S		Range	37 E	, N	мрм, І	ea			County	
III. DESIGNATION OF TRAN	SPORTEI	ROFO	II. ANI	NATU	RAL GAS						
					A 11 (C)	ve address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil Amoco Pipeline Co	· Inte	rcorpo	orate '	Trucki							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Co.						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74101					
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp.			Is gas actually connected? Who			n? 4/1/85			
If this production is commingled with that	<u> </u>					ber: no					
IV. COMPLETION DATA		Oil Well		ias Well	New Well	·,	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i		İ	İ	i		İ	İ	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	•										
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE	il and much	he equal to a	r exceed top allo	wable for this	e denth or he	for full 24 hou	re)	
OIL WELL (Test must be after r Date First New Oil Run To Tank						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	CE							
						OIL CON	ISERV	MOLTA	DIVIŞIÇ	N ₂	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					APR > 4 1990						
is true and complete to the best of my		-			Date	Δnnrovo	d	ru I	, 4 11	9 V V	
TA Whoma						e Approve		n av tegs	Y SEXTON		
Signature T.D. Hofmann Operations Manager					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	817-549		Title		Title						
Date		Tele	ephone N	0.	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
- 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.