Submit 5 Cooles
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-29 See Instructions at Bottom of Page

DISTRICT II F.O. Drawer DD, Ameria, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REC	TO TH	FOR A	ALLOV PORT	VA Oli	BLE AND L AND NA	AUTHO	RIZAT GAS	NOI			
Operator William C. Bahlburg						Well API No.						
Address	<u> </u>					30				0-025-30702		
14875 Landmark Blvd.	, Suite	216,	Dall	as, T	X	75240						
Reason(s) for Filing (Chack proper box) New Well	J						her (Please e)					
Recompletion	<b>6</b> 9	_		porter of:	_	Reques	t allow	able	to	test & cl	ean-up	produc
Change is Operator	Oil Crainghe			Gas i. iszumte [	4	zone.	Will s	hut w	rell	in after	sale	of 2000
if change of operator give name and address of previous operator		HO ONS	_ 0000	estante (		-pendin	ig MMOCC			1 of prod	ucing	allowab
·	······							JL	داې	1993		
II. DESCRIPTION OF WELL	. AND LE				_		*****					
Lowe	Well No. Pool Name, Inch									of Lease No.		
Location	l King Wol					:camp				Pederal or Fee		
Unit Letter M	_ : 9	00	Feet 1	From The	2	outh Lin		b ·	_			
Section 25 Townsh	ip 13								F	eet From The	WEBL	Line
			Range		ZE_		MPM,	Lea				County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	NA DI	ľU	RAL GAS						
Sun Company. Inc. (R&M)						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas						P.O. Box 2039, Tulsa, OK 74102  Address (Give address to which approved copy of this form is to be sent)						
			U. 2.,	, C	-	AGDIESS (C/A	e agaress 10 v	which app	roud	copy of this for	m is to be se	unt)
If well produces oil or liquids, give location of teaks.	Unit M	Sec. 25	Twp.	3 i 37E	: 1	la gas actually No			When	?		
If this production is commingled with that	from any oth	er lease or	pool, gi	ve commi	ingli	ng order numb		I				···
IV. COMPLETION DATA					_							
Designate Type of Completion Date Spudded		Oil Well	i	Gas Well		Now Well	Workover	Dos	pcz	Plug Back S	ame Res'v	Diff Res'v
2/3/93	Date Compi. Ready to Prod. 7/1/93				Total Depth 12,272	. 1			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				┿	Top Oil/Gas P				11,970'		
3870 KB L. Wolfcamp						10,120				Tubing Depth 10,050'		
10,120' - 10,125'										Depth Casing Shoe		
HOLE SIZE	TUDENO, CASENO AND				D C							
171"	CASING & TUBING SIZE				+	DEPTH SET 408				SACKS CEMENT circ 400 sx		
12;"	9-5/8"				+	4651				circ 1350 sx		
7-7/8"	5-1/2"					12,272				1900 sx		
. TEST DATA AND REQUES	T PAR A											
IL WELL Test most be effer to	I FUK AI	LLUWA	BLE Manda		6							
ute First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
6/30/93	7/1/93					Flowing						
	Tubing Pressure					Casing Pressure				Choke Size		
24 hrs.	FTP 140#					O# Water - Bbis.				16/64"		
	109				"	1.5				Gu-MCF		
SAS WELL	<u></u>						<u>., </u>			vented		
causi Frod. Test - MCF/D	Laugth of Te	#C	·• · · · · · · · · · · · · · · · · · ·		B	ble. Condense	w/MMCF			Gravity of Coad	enesie	
sting Method (pitot, back pr.) Tubing Pressure (Shui-in)												
sting Method (pitot, back pr.)  Tubing Pressure (Shui-in)					C	seing Pressure	(Shul-in)		1	Choke Size	,	
L OPERATOR CERTIFICA	TE OF (	OMPI	TAN	757	┧┌							لـــــــــــــــــــــــــــــــــــــ
I OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					II	OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUL 0 2 1993						
and belief.						Date A	pproved	ı		JUL 0 5	1000	
Lellette C.	Jan.	wells					• •					
Signature William C. Rehlburg						By ORIGINAL SIGNED BY JERRY SEXTON						
William C. Bahlburg Owner Printed Name 7/1/93 214/3970123						DISTRICT I SUPERVISOR						
	2	14/392				Title	<del> </del>					
Deta		Telepho	ne No.									
					_							

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