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

Santa Fe, New Mexico 87504-2088

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	γ	-A-	•	<u> </u>		1011112	Well	API No.			
Address	erpoi	<u>all</u>	<u>~</u>								
1.0. By 5970 Hobbs, n M 88241											
Reason(s) for Filing (Check proper box) New Well	Q.	nange in '	Transno	orter of:	Oth	er (Please expl	•				
Recompletion	Change in Transporter of: Oil Dry Gas Effective 10.13.90										
Change in Operator	Casinghead G	as 🗌	Conde	nsate 🗌		00					
and address of previous operator Joseph Armaltico. 21 Nesta Dr. Midland, 24 79701											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Malmax Unit	Tr. 2 Well No. Pool Name, Includi					(A)		of Lease No. Federal or Fee A 777 G			
Location (4 31)											
Unit Letter : 1650 Feet From The South Line and Good Feet From The Line											
Section /2 Townshi	p /7	ک	Range	3.	ع <u>_ N</u>	MPM,	Lea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil or Condensate						RAL GAS Address (Give address to which approved copy of this form is to be sent)					
water Injection well											
Name of Authorized Transporter of Casin	ghead Gas [or Dry	Gas	Address (Giv	e address to wi	hich approved	copy of this fe	orm is to be se	nt)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actuali	y connected?	When	?			
give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA	nom any other h	same or p	ooi, giv	e commingi	ing order num	DET:					
Designate Type of Completion	- (X)	il Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. R	leady to	Prod.		Total Depth	<u> </u>	<u>. </u>	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pav					
•						,		Tubing Depth			
Perforations								Depth Casing	g Shoe		
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
		-							·a		
V. TEST DATA AND REQUES	T FOR ALI	.OWA	RLE								
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for this	depth or be for	or full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Test					111 · 701 ·			0 100			
Actual Flod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u>. </u>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	nte/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA				CE			SEDV	ATION I			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
I blank cal						A-1	_				
Signature Mohammed Yamin Merchant					By ORIGINAL MONTH BY JERRY SEXTON						
					Title		Ĭ	DISTRICT I	SUPERVISO)R	
Oct 16,1990 President										1, 11	
Date (505) 397-	-3596	i elepi	none No	0.							

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.

RECEIVED

OCT 1 7 1990

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