Submit 5 Copies
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 I-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 83210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		U THAI	<u>ISPORT OIL</u>	- AND MA	HURALG		APi No.			
Openior Marbob Energy Corpo	ration					Weil	API No.			
Address P. O. Drawer 217, A	rtesia,	NM 88	210							
Reason(s) for Filing (Check proper box)	······································				ner (Please exp					
New Well		~	ransporter of:	C	-		ame effect	ive 8/	1/89:	
Recompletion Coll Dry Gas From State B #2 Character of Complete State S										
Change in Operator	Casinghead	Gas C	Condensate		10 10	eaker C	.C #2			
and assured of provides appearance			O. Box 460), Hobbs	, NM 88	240		·		
II. DESCRIPTION OF WELL		SE Well No. F	Pool Name, Includi	Fi		Vind	of Lease		ease No.	
Lease Name Leaker "CC"				R						
Location										
Unit LetterG	: <u>165</u>	<u>0</u> F	Feet From The .NG	o <u>rth</u> Lin	se and165	<u>0</u> F	eet From The <u>E</u>	ast	Line	
Section 16 Townsh	ip 1	7 <i>S</i> F	Range 32E	, N	мрм,		Lea		County	
III. DESIGNATION OF TRAI				RAL GAS		. List and a	d carry of this form	ric to be re	m()	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
None Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P. O. Box 460, Hobbs, NM 88240									
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp. Rye.	Is gas actual	y connected?	Whei	a ?			
If this production is committged with that	from any othe	r lease or po	ol, give commingl	ing order num	ber:					
IV. COMPLETION DATA					-,		1 50 3 1 10		harre no de	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Kes v	Diff Res'v	
Date Speeded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (UF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top OlyGas Pay			Tubing Depth	Tubing Depth		
Perforations				l			Dojah Casing S	pth Casing Shoe		
1 Or State Cha										
TUBING, CASING AND (0.000 051/51/7		
HOLE SIZE	CASI	NG & TUB	ING SIZE	DEPTH SET			SACKS CEMENT			
			<u> </u>				<u> </u>			
V. TEST DATA AND REQUES OIL WELL Test must be after to	ST FOR AL	LOWA!	Skaki Saad all aad must	te equal to as	exceed top all	owable for th	is depth or be for .	NE 14 E. W	s.)	
	Date of Test	il volume of	1900 ou and mus.	Producing M	ethod (Flow, pr	unp, gas lift.	e:c.)			
Date First New Oil Run To Tank Date of Test					•					
Length of Test	Tubing Pressure			Casing Pressure			Cnoke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- M.Cif			
Actual 1102 2 2 2 3							<u> </u>			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCP			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)			Casing Pressure (Shut-ia)			Choke Size			
Tasday theetee (phot) show proj							<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	LANCE		OII CON	ISERV	ATION DI	VISIC	N	
Phereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				AUG 3 Was						
is the and complete to the best of my knowledge and belief.				Date	Approve	ქ ეტ (U	C W NO.			
$\omega / (\omega / \omega)$				ORIGINAL SIGNED BY JERRY SEXTON						
Chorda / UlSon				By DISTRICT I SUPERVISOR						
Signature Rhonda Nelson Production Clerk				-, -			_	•		
Printed Name Title				Title	· · · · · · · · · · · · · · · · · · ·					
7/19/89 748-3303 Telephone No.										
Date Note that the second control of the se	en white the latest	•		ergeral rendered a sour	arkajo esportantis g	e og er ertager frædest	والمالية والمعاون في المالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية	are for Fred Lines	ARIO PARALITY IN SECURIO	

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 opera or, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.