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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

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

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 TRANSPORT OIL AND NATURAL GAS

Operation								Well API No. 30–025–00813			
Address P. O. Drawer 217, 2	Artesia,	NM 8	8210								
Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator	Oil	Change ii	Dry G	as $\square$		er (Please expl fective	•				
If change of operator give name and address of previous operator										<del></del>	
II. DESCRIPTION OF WELL	L AND LE	ASE									
Lease Name Pearsall "AX"	, i							Kind of Lease SMX, Federal MXXX		ease No. 029409 (A)	
Location Unit LetterN	: 66	0	_ Feet F	rom The	South Lin	e and19	<i>80</i> F	eet From The	East	Line	
Section 33 Towns	, NMPM,			Lea County							
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL AN	D NATU	IRAL 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. Drawer 159, Artesia, NM 88210						
Navajo Refining Con Name of Authorized Transporter of Cast	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rge.				y connected?	When	?			
If this production is commingled with the	t from any ou	ner lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA  Designate Type of Completion	n - (Y)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	o Prod.		Total Depth	L	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
		TUBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								<u> </u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOW I otal volume	of load	oil and musi	t be equal to or	exceed top allo	wable for thi	s depth or be fo	or full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Te	st			Producing Me	thod (Flow, pu	mp, gas lift, i	etc.)			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					_l						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				ICE		OIL CON	ISERV	ATION [	DIVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAR 1 5 1990						
Thorda helson					By DISTRICT I SUPERVISOR						
Signature  Rhonda Nelson Production Clerk  Dringed Name  Title									ALEK VISO	,	
Printed Name  3/13/90  Date			8-330 phone N	0.3	little.						

a construction of the contract 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.

MA- 1 1 1990

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