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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Santa	Fe, New 1	Mexico 8750	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQU	EST FOR	ALLOW	ABLE AND	AUTHORI	ZATION				
Operator	1	O TRANS	SPORT C	IL AND NA	TURAL G					
	rook Oil Corporation					Well API No. 30-025-01229				
Address P.O. Box 2	264 - Ho	bbs, NM	88241	-2264	······································					
Reason(s) for Filing (Check proper box)				Oth	er (Please expl	lain)				
New Well		Change in Tra		_ 	ffective	-	. 1 100	12		
Recompletion	Oil Casinghead	_	y Gas L Indensate []	grechive	vecembe	Dt 1, 199	73		
If change of operator give name and address of previous operator V, H	. Westbr	look - P	0 Box 2	264 - Hob	bs, NM	88240				
II. DESCRIPTION OF WELL	AND LEA	SE	-							
Lease Name Well No. Pool Name, Including						Kind	of Lease No.			
Location	tate "t" 2 Saunders Permo Uppe					State,	Federal or Fee	LG-4	174	
Unit Letter C	. 66	io _	. . _	North Lin	19	۶n		11101+		
	- :	Fe			e and	Fe	et From The _	West	Line	
Section 4 Townshi	p 15S	Ra	inge	33E , N	МРМ,	Lea	t		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NAT	TIDAT CAS						
Name of Authorized Transporter of Oil		or Condensate	,		ve address to w	hich approved	copy of this fo	rm is to be se	ent)	
Navajo Refining Compai				P.O. B	ox 159 -	Artesia	i. NM 82	211-0159	7	
Warren Petroleum Compo	inu	or	Dry Gas	Address (Gin	ox 1589	hich approved - Tulsa	copy of this fo	rm is to be se	int)	
If well produces oil or liquids,		Sec. Tv	vp. R	ge. Is gas actual		When	·			
give location of tanks.	$\frac{1}{C}$		5S 33	Ε	-	i				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	l, give commi	ngling order num	ber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Pec'y	Diff Res'v	
Designate Type of Completion Date Spudded		<u> </u>	<u> </u>	İ			l ring Dack	Same Kes v		
Date Spunter	Date Compi	. Ready to Pr	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	<u></u>							Tables Sepai		
							Depth Casing	Shoe	.,	
	Т	UBING, C	ASING AN	D CEMENTI	NG RECOR	SD.	1	· -		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	 									
	 						 			
V TEOTERATE AND STORY					_					
V. TEST DATA AND REQUES OIL WELL. (Test must be after the							<u> </u>			
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Tes	t	oaa ou ana m	Producing M	r exceed top all lethod (Flow, p	lowable for thi	s depth or be fo	or full 24 hou	rs.)	
					1 1000, party, 820 191,					
Length of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Rhis	Water - Bbls.			Gas- MCF		
	0 20			Water	•		Cas MCI			
GAS WELL		**					1			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
results viculou (paid, cack pr.)	Tooms Tree	marie (2000-10)	,	Casing Press	aire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE			· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and regul	lations of the	Oil Conservati	ion	'		NSERV	ATION [DIVISIO	NC	
Division have been complied with and is true and complete to the best of my			bove			DEC (0 7 1002	3		
111. I	11/7			Date	e Approve	ed L	o i Nod	<u> </u>		
MAThin	brest	············		ll l						
Signature V.H. Westbrook Vice-President					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name		505-393		Title						
11/15/93		5U5-593	7/14	il tine	· ———					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.