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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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Change of operator   Caligorithm   Change in Transporter of Change of operator   Change of operator   Change of operator give name   Change of operator give give name   Change of opera	Operator /	1 0						Well	API No.			
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Change of operator give name and address of previous operators.  Catalogues of previou	New Well		Change in				<u>.</u> ,	) 40	12 9	^		
Company of the name and address of previous opening   Company of the product   Company of the	Recompletion Change in Operator		4 Coa -	, ,		Eff	eele	0 ا	./5./			
I. DESCRIPTION OF WELL AND LEASE    Lease Name   Marker	If change of operator give name		0	<i>D</i> -	- A		2110.	7 0.	40h:	00.0	2, 1997	
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Line Letter	Lease Name Well No Pool Name Include											
Until Letter		4	10	177	lalja	ma	(G-5A)	State	)Federal or Fe	*		
Section   Township	P	_ : <i>U</i>	60	_ Feet F	rom The	wth Lin	e and	660 F	et From The	eas	F Line	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  Or Condensels  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids,  If well produces oil or liquids,  If we location of tanks.  Unit Sec. Twp. Rgs. Is gas actually connected?  When ?  This production is commissiped with that from any other seaso or pool, give commissing order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res V Diff Res V  Designate Type of Completion - (X)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Frofontions  TUBING, CASING AND CEMENTING RECORD  CASING A TUBING SIZE  CASING A TUBING SIZE  DEPTH SET SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  III. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this dapth or be for full 24 hours)  THEST DATA AND REQUEST FOR ALLOWABLE  THE PRODUCT Fast - NCF/D  Langth of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Oil CONSERVATION DIVISION  Date Approved  Title	Section 7 Township	p /	175	Range	3:	3€ .N			_		County	
Name of Authorized Transporter of Oil  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Fivell produces oil or liquids.  If well produces oil or liquids.  We location of susts.  Unit   Soc.   Twp   Rge.   Is gas actually connected?   When?  When?  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids.  When?  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  When?  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address t											County	
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CAS WELL  Setting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Coll 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.  Signature  Signature  Mater - Bbls.  Water - Bbls.  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  Date Approved  Date Approved  Date Approved  District I Supervisor  Title	Length of Test	Tuhing Descript				Casing Pressu		·	Choke Size	Choke Size		
GAS WELL  Lettual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  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.  Signature  MONAMMED  AMIN MERCHANT  Title  Title  Title	Deagas of Tea	Tuoing Treesdic				Casing 11000						
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I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation 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  OIL CONSERVATION DIVISION  Date Approved  OCT 1 7 1990  By	Actual Prod. Test - MCF/D	CF/D Length of Test				Bbls. Conden	sate/MMCF		Gravity of Condensate			
I hereby certify that the rules and regulations of the Oil Conservation 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  OIL CONSERVATION DIVISION  Date Approved  OCT 1 7 1990  Signature  Mohammed Vamin Merchant  District I Supervisor	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
I hereby certify that the rules and regulations of the Oil Conservation 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  OIL CONSERVATION DIVISION  Date Approved  OCT 1 7 1990  Signature  Mohammed Vamin Merchant  District I Supervisor												
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  OCT 1 7 1990  Signature  Mohammed Vamin Merchant  District I Supervisor	VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	<b>ICE</b>	ے ا		ICEDV	ATION	טואופוכ	\N1	
Signature  Signature  Mohammed Vamin Merchant  Printed Name  Date Approved  OCT 1 7 1990  By					•		JIL CON	NOER VI	A HON	אוטועוט	NIN.	
Signature  Mohammed Vamin Merchant  Printed Name  Title  Title  Title					•	Date	Annrove	d		OCT 1 7 1990		
MOHAMMED VAMIN MERCHANT  Printed Name  Title  Title	14011	* [				Date	Approve	· · · · · · · · · · · · · · · · · · ·		<del></del>		
MOHAMMED VAMIN MERCHANT  Printed Name  Title  Title	Signature					∥ Bv_		OINAL SIO	NED BY JO	RRY SEXTE	N	
Printed Name / Title    Title	MOHAMMED VAMIN MERCHANT					DISTRICT I SUPERVISOR						
Dat. 16, 1990 TRESIDENT 1	Printed Name Oat 16.1990		Do-		· <del> </del>	Title.						
Date (505) 397-3596 Telephone No.		3596										

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.