Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240

I.

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

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

State of New Mexico

Energy, Minerals and Natural Resources Department

~ .

OIL CONSERVATION DIVISION

P. O. Box 2088

Form C-104 **Revised** 1-1-89 See Instructions at Bottom of Page

Santa Fe, New Mexico 87504-2088 **REQUEST FOR ALLOWABLE AND AUTHORIZATION** TO TRANSPORT OIL AND NATURAL GAS

Operator						<u></u>			ell API No.		
Address								30 - 025-02726			
pro voic O a		فلازيك يتين	.0047								
Reason (s) for Filling (check proper be New Well						0	hei (Please e	xplain)			
Recompletion	C Oil	hange in Tran	sporter			1	FFFCTT		1		
Change in Operator X	Chauge in Transporter of: Oil Dry Gas EFFECTIVE							L Caro	ber 30 194	2	
If chance of operator give name and address of previous operator											
		S.A. Inc., P.	U. Hox	1150, M	idland, T.	<u>K 79702</u>					
II. DESCRIPTION OF WEL	L AND LEA		1								
		Well No	Pool	Name, in	cluding F	ormation			nd of Lease	Lease No.	
Gussie Dearduff Location		1	Town	send Per	mo Uppe	r Penn		Fe	te, Federal or Fee		
Unit Letter F	*	2277	Feet Fi	rom The	Nor	h Lin	e and	1980	Feet From The	West Linc	
Section 03 Townsh	ip 165		Range		35E		—— МРМ,		_		
III. DESIGNATION OF TRA	NSPORTER	OF OIL					<u>, , , , , , , , , , , , , , , , , , , </u>		Lea	County	
Name of Authorized Transporter of Oil		or Conder					e address to	which appr	med annu of this	form is to be sent)	
Amoco Pipeline Co.											
Name of Authorized Transporter of Casi	nghead Gas	or Dry	Gas		Add	Case (Gin	Mid Ameri	ca Plaza, Os	kbrook Terraci	IL GOLDI	
Warren Petroleum f well produces oil or liquids,	Unit					r. u	- DOX 1387,	Tuine, OK	rvez copy of this j 74102	ionn is to be sent)	
tive location of tanks.	Unst	Sec.	Twp.	Rgc.	Le gas	actually com	ected ?	When ?			
						Yes		1	TT-1		
this production is commingled with the	t from any other	lease or pool,	give co	mmingli	ng order s	umber:		<u> </u>	Unknown	<u> </u>	
V. COMPLETION DATA											
Designate Type of Completion	an - (X)	Oil Well	Gas	Well	New Well	Workover	Deepea	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compi.	Ready to Proc	1 1.		Total Dep	<u> </u>		P. B. T. D.			
Ecvations (DF, RKB, RT, GR, etc.)	Name of Prod	ncing Porma	line		-						
	evaluous (DF, RKB, RT, GR, etc.) Name of Producing Formation					as Pay		Tubing Dep	ubing Depth		
								Depth Casin	ng Shoe		
WOLD STOR	1	UBING, CA	SING A	ND CE	MENTIN	G RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					_						
TEST DATA AND REQUE	ST FOR ALL										
. TEST DATA AND REQUE	SI FUK ALI	LOWABL	E	•							
IL WELL (Test must be after ate First New Oil Run To Tank	Date of Test	volume of loa	a oil an	a must b	e equal to roducing	or exceed top	allowable fo	or this depth	or be for full 24 h	ON 73)	
noth of Tool							(crow, pump	, gas lift, etc.	.)		
ingth of Test	Tubing Pressure			d	Casing Pressure Choi				oke Size		
tual Prod. During Test	Oil - Bbls.			w	ater - Bb	s.		Gas - MCF	<u> </u>		
AS WELL											
tual Prod. Test - MCF/D	Length of Test	<u> </u>				nsate/MMCF					
sting Method (pilot, back press.)						-usaic/MMCF	ľ	Bravity of Condensate			
ting Method (pilot, back press.)	Tubing Pressur	e (Shut - in)		G	sing Pres	sure (Shut - in) (Choke Size			
I. OPERATOR CERTIFICAT			;						·		
I hereby certify that the rules and regula	tions of the Oil C	onservation				OIL	CONSI	ERVATI	ON DIVISI	ON	
Division have been complied with and the	hat the informatio	n given abov	c								
is true and complete to the best of my knowledge and belief.					Date Approved FEB 0 2 1993						
Nay N.	And	ion	2		Ву	×	3 1	*			
Signature Por S. Takan	Pa A				•		18 9	<u> </u>			
Tinted Name		ct.			Title_						
12/2 14 14 14 14 14 14 14 14 14 14 14 14 14	91-1 Title	B Ma	//							· · ·	
Date	Tele	phone No.	<u> </u>								
INSTRUCTIONS: This form is to be	lied in complian	ce with Rule	1104								
) Request for allowable for newly dri	Bed or deepened	well must be	accom	panied b	y tabulat	ion of deviati	on tests tak	ta in accord			

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.