Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

1							AUTHORI				
Operator		IO IHA	NSF	OH	I OIL	AND NA	TURAL G		ADI No		
Polaris Production Co	orn							, Well A	API No.		
Address											
P. O. Box 1749, Midla Reason(s) for Filing (Check proper box)	and, Tex	as 79	702				er (Please expl	-:-1			
New Well		Change in	Transr	norter c	of·		er (Please expl	ain)			
Recompletion	Oil		Dry C								
Change in Operator	Casinghead			ensate							
f change of operator give name and address of previous operator				· · · ·		**					
II. DESCRIPTION OF WELL	AND LEA	A CE	**		·········		·				
Lease Name	AND LEA		Pool I	Name.	Includir	ng Formation		Kind	of Lease	1	ease No.
Buckley "A"	Denton (F							Federal or Fee		62SC 140.	
Location										<u>l</u>	
Unit LetterL	: <u>16</u>	550	Feet F	From T	he <u>So</u>	uth Lin	e and33	30 Fe	et From The _	West	Line
Section 25 Townsh	ip 14 S	South	Range	e 37	Eas	t N	MPM,	Lea		-	
-								Беа	····	·	County
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil				ND N	ATUI				 	 	
•		or Conden	SELE		,	t e	e address to w				:nt)
Pride Pipeline Companion Name of Authorized Transporter of Casin	.1y 1ghead Gae		or De	y Gas		Address (Ci	Box 243 re address to w	oo, Abil	ene, TX	79604	
J. L. Davis	-p V80	لک	נוש זיי	, Jas	ا لــا		. Colorac				int)
If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	Is gas actuall		When		13101	
ive location of tanks.	M	25	14	4	37	Ye	es	i	Unknown		
f this production is commingled with that V. COMPLETION DATA	from any other	er lease or p	pool, g	ive con	nmingli	ing order num	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas W	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded						Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
									Depui Casin	g Snoe	
TUBING, CASING AND						CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								·	 		
							· · · · · · · · · · · · · · · · · · ·				
	-					<u> </u>			-		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	<u></u>		L					
OIL WELL (Test must be after										for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Tes	st				Producing M	ethod (Flow, p	ump, gas lift,	etc.)		
Length of Test	Tukin - B					Casing Press	ure .		Choke Size		
rengal or rest	Tubing Pressure					Caoing Lices					
Actual Prod. During Test	Oil - Bbls.					Water - Bbls	<u> </u>		Gas- MCF		
						<u> </u>			1		
GAS WELL	1 n-mb	т				IDLIA CARA	neate A A ACE		Consider of C	`ondenes:	
Actual Prod. Test - MCF/D	Length of	1681				Bois. Conder	nsate/MMCF		Gravity of C	.onoensalê	
Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size		
VI ODED ATOD CEDTER	TATE OF	: CO) #	T T A	NICT		<u> </u>	· · · · · · · · · · · · · · · · · · ·		1		
VI. OPERATOR CERTIFIC					د		OIL CO	NSERV	ATION	DIVISIO	NC
I hereby certify that the rules and regularisis have been complied with and											
is true and complete to the best of my						Date	e Approve	ed	<u>JA</u>	N N 8 1	990
/)	7						- P. P. A. A.				
- prendant						∥ By_		Orig	. Signed b	y	
Signature Nancy Stack	s		Age	nt		-, -		Pa	ul Kauts		
Printed Name			Title			Title)		deologist		
1-1-90				84-8	<u> 124</u> 8						
Date		1 ele	phone	140.		11					

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.