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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 Instruction

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	REQ						AUTHOR TURAL C		N				
Denator We										II API No. -025-05237			
Address P.O. Box 50090,	Midla	nd, Tex	cas	7971	0-0	0090							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghe	_	Dry C			_	hez <i>(Please exp</i> FFECTIVE	-	emb	per 1, 1	1993		
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LE		12						_				
Lease Name Lea "G" State	Lea "G" State 8 Denton W									f Lease No. Federal or Fee TATE			
Location Unit LetterO	_ :	990	. Feet I	From The	٠	SouthLi	ne and2	2310	_ Fe	et From The	East	Line	
Section 2 Townshi	P <u> </u>	5S	Range	·	37I	. N	мрм,			- <u></u>	Lea,	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OR OF O		ND NA	<u>TU</u>		TRANSPO					ent)	
EOTT G11 Pineli	XX ne Comp	any &	reca	y Co	rp	P.O. B	ox_4666	_Hous	tor	Tevac	77210	-4666	
Name of Authorized Transporter of Casing Tipperary Resou		XX		Has [	<u>コ</u>	Address (Gr	ox 3179,	vhich appr	oved	copy of this f	orm is to be s	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	_,	ζge.	is gas actual	y connected?	- n10 \$	/hen	7	Unknown		
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or	pool, gi	ive comm	ungl	1					UIRHOWH		
Designate Type of Completion	- (X)	Oil Well		Gas Wel	1	New Well	Workover	Deep	:a	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth	<u> </u>	_ <del></del>		P.B.T.D.	L,		
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations						<u> </u>				Depth Casing Shoe			
HOLE SIZE						CEMENTING RECORD DEPTH SET				SACKS CEMENT			
TIOLE O'EL	CASING & TOBING SIZE				╛	DEFIN SE				SACKS CEMENT			
					$\dashv$								
V. TEST DATA AND REQUES													
OIL WELL (Test must be after re Date First New Oil Run To Tank	ust	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
									Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Cas- MCF				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate				
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Signature Signature Sharon K. Hindman - Production Asst.						OIL CONSERVATION DIVISION  Date Approved NOV 1 7 1993  By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT: SUPERVISOR							
Printed Name 11/8/93 Date		15) 68	Title	05		Title.			UPE	-K VISOR			

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.

