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, Antesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	•	Mexico 8/304-2088			
1000 Rio Brazos Rd., Aztec, NM 8741	PEQUEST FOR ALLOW	ABLE AND AUTHORIZA	TION		
I.		OIL AND NATURAL GAS			
Operator			Well API No.	Well API No.	
Bristol Resources	Corporation				
6655 S. Lewis, Ste					
Reason(s) for Filing (Check proper box	•	Other (Please explain)			
New Well	Change in Transporter of:	7			
Recompletion	Oil Dry Gas	□ Change in op	perator effectiv	e 6/1/90	
Change in Operator	Casinghead Gas Condensate				
	Oakland Petroleum Opera	ting Company, Inc. 88	301 S. Yale, Ste	e. 150 Tulsa Ok	
II. DESCRIPTION OF WEL	Well No. Pool Name, Inc	duding Formation	Kind of Lease State	Lease No.	
State SDA	1 1	nton (Devonian)		E-2433	
Location	1 Journ Bel	(Devolitail)			
Unit LetterM	: 660 Feet From The	South Line and 660	Feet From The <u>We</u>	st Line	
Section 36 Towns	ship 15-S Range 37-I	E , NMPM,		LEA County	
<u></u>					
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT				
Name of Authorized Transporter of Oil	sporter of Oil X or Condensate Address (Give address to which		approved copy of this form is to be sent)		
Shell Pipe Line Corporation			P. O. Box 1910, Midland, TX 79701		
ame of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
J. L. Davis			211 N. Colorado, Midland, TX 79701		
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?		When?			
· · · · · · · · · · · · · · · · · · ·	E 4 16S 38F		4-19-83		
If this production is commingled with th IV. COMPLETION DATA	at from any other lease or pool, give commi	ingling order number:	·		
Designate Type of Completio	n - (X)   Gas Well	New Well   Workover   D	Deepen   Plug Back   Same	Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
·	, , , , , , , , , , , , , , , , , , , ,	•	1.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	Tuhing Death	
			Tuoing Depui		
Perforations	<del></del>		Depth Casing Shoo	B	
	TUBING, CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACK	SACKS CEMENT	
_					
V. TEST DATA AND REQUI					
OIL WELL (Test must be after	recovery of total volume of load oil and m			24 hours.)	
Date First New Oil Run To Tank Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Assert David Davids Trans					
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF		
		<u>. I</u>			
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conden	Gravity of Condensate	
	<u>.</u>				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		- · · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and reg	ulations of the Oil Conservation	OIL CONSE	<b>RVATION DIV</b>	ISION	
Division have been complied with an	d that the information given above				
is true and complete to the best of my	knowledge and belief.	Date Approved _	JUN 2	7 1990	
1 0 .	7.	Date Apployed =	· • • • • • • • • • • • • • • • • • • •	· 1000	
MICHARIA	lly	Dy aniamic	A12612000 0642 100000 =		
Signature Susan Dinlar Adul		11	SIGNED BY JERRY SE	AION	
Susan Dipley Admin	nistrative Supervisor	11	STRICT I SUPERVISOR		
6/20/90	(918) 492-7900	Title	· · · · · · · · · · · · · · · · · · ·	Control Control of the Control of th	
	<del></del>	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.

(918) 492-7900 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 2 6 1990

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