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·	1		State of b			2 B			
Submit 5 Copies Appropriate District Office	I	Energy, Mi	State of r inerals and Na	New Mexico Itural Resour		ent		Form C Revised	
DISTRICT J P.O. Box 1980, Hobbs, NM 88240					•			See Inst	tructions om of Page
DISTRICT II		OIL CO	DNSERV		DIVISIO	N			an of a sec
P.O. Drawer DD, Artesia, NM 88210		Sani	P.O. E ta Fe, New M	30x 2088	NA JOOD				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	n	Sam	arc, new iv	ICXICO 075	04-2000		* (1)	pective show c I tran	toCar
_	REQU		R ALLOWA			ZATION		hertive	date
I. Operator		TO TRAN	ISPORT OI	L AND NA	TURAL GA	<u>\S</u>	7	alant	whet
Bristol Resources Co	orporatio	on				weil	APINO.	it to	t
Address							01	1 Man	span
6655 S. Lewis, Ste. Reason(6) for Filing (Check proper box)		fulsa, (DK 74136				<u>-</u>		
New Well	•	Change in T	ransporter of:		er (Please expla			- / - /	4.
Recompletion	Oil		hy Gas	Change	e in oper	ator ef	fective	5/1/90.	X
Change in Operator X		d Gas 📋 C							
f change of operator give name and address of previous operator Oak.	land Petr	roleum (Operating	Co., Ind	2. 8801	S. Yale	Ste.	150 Tuls	a, OK 7
I. DESCRIPTION OF WELI	L AND LE/	SE							
Lease Name			ool Name, Includ	ling Formation		Kind	of Lease St.	ate L	ease No.
Kelly State		1	South Der	nton (Dev	/onian)	State,	, Federal or Fe	е Е-5	
Location P	r	560		C	5(0				
Unit LetterP	;	560 F	eet From The	Lin	e and	Fo	eet From The	East	Line
Section 35 Towns	ship 15S	R	ange 37E	. N	MPM,			Lea	Country
					<u> </u>				County
II. DESIGNATION OF TRA		R OF OIL or Condensat							
Enron Dil tradine			Company		e address 10 wh 30x 1188		l copy of this f :0n, TX -		nt)
Name of Authorized Transporter of Casi			r Dry Gas		e address to wh				
J. L. Davis					Colorado		and, TX		.,
f well produces oil or liquids, ve location of tanks.				ls gas actuali	-	When			*********
this production is commingled with that	P		15S 37E	Yes	3	8-2	29-57		
V. COMPLETION DATA	a nom any our	a lease of poo	n, give comming	ung order num	xer:				
Designate Type of Completion	n (V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		Ready to Pr	<u> </u>	Total Depth	lI		l	I	
	Date Compi	. Ready to Ph	oa.	Total Depth			P.B.T.D.		_
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ation	Top Oil/Gas Pay			Tubing Depth		
erforations							i doing Dep		
							Depth Casin	g Shoe	
	π	JBING, C	ASING AND	CEMENTIN	IG RECORT)	<u> </u>	<u> </u>	
HOLE SIZE		ING & TUBI			DEPTH SET		SACKS CEMENT		
							1		
				ł					
. TEST DATA AND REQUE	ST FOR AI	LOWAB	LE						· · · · · · · · · · · · · · · · · · ·
IL WELL (Test must be after i				be equal to or	exceed top allow	vable for this	depth or be for	or full 24 hours	.)
IL WELL (Test must be after i		al volume of le		be equal to or Producing Met	exceed top allow thod (Flow, pur	vable for this up, gas lift, et	depth or be fi	or full 24 hours	r.)
IL WELL (Test must be after a ate First New Oil Run To Tank	recovery of tota Date of Test	al volume of le		Producing Me	thod (Flow, pur	vable for this up, gas lift, et	tc.)	or full 24 hours	r.)
IL WELL (Test must be after a bate First New Oil Run To Tank	recovery of tota	al volume of le		be equal to or of Producing Met Casing Pressur	thod (Flow, pur	vable for this 14, gas lift, et	depth or be fo tc.) Choke Size	or full 24 hours	r.)
IL WELL (Test must be after) ate First New Oil Run To Tank ength of Test	recovery of tota Date of Test	al volume of le		Producing Me	thod (Flow, pur	wable for this	tc.)	or full 24 hours	r.)
OIL WELL (Test must be after i bate First New Oil Run To Tank ength of Test ctual Prod. During Test	Tubing Press	al volume of le		Producing Mel	thod (Flow, pur	vable for this up, gas lift, et	tc.) Choke Size	or full 24 hours	r.)
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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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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HOBBS OFFICE