DISTRICT II

Form C-104
Revised 1-1See Instruction
at Bottom of

P. O. Box 1980, Hobbs, NM 88240

## OIL CONSERVATION DIVISION

P.O. Box 2088

P. O. Box 2088

P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				•						
Address 8115 PRESTON ROAD, SUITE 400, DALLAS, TEXAS 75225 Reason (s) for Filling (check press to be seen to be								Well API No.		
								30 - 025-21379	DK	
Reason (s) for Filling (check proper b	N ROAD, SUITE	400, DALL	AS, TEXAS	5225						
New Well		: <b>m</b>			Ot	heı (Please	explain)			
Recompletion	Oil	ange in Trai								
Change in Operator X	Casinghead Gas Condensate EFFECTIVE 6/1/92									
If chance of operator give name			COMO	cusate						
and address of previous operator	Chevron U.S	.A. Inc., P.	O. Box 1150,	Midland, TX	<b>79702</b>					
II. DESCRIPTION OF WEI	L AND LEAS	E			-					
Lease Name		Well No	. Pool Name	, Including F	ormation			Kind of Lease	<del></del>	
Maljamar Grayburg Unit	}					State, Federal or Fee	Lease No.			
Location		43	Maljamar (	rayburg SA	<u> </u>			Federal	NM-0315712	
Unit Letter K										
our Leuci A	'	1980	Peet From T	he <u>Soutl</u>	Lin	and	1980	Feet From The	e West Line	
Section 09 Townsh	ip 178		Range	32E	. NI	ирм.				
III. DESIGNATION OF TRA	NSPORTER	ог оп.		IIDAL CA	- 114A	III NI,		Lea	County	
Name of Authorized Transporter of Oil		or Conde		Add		e address to	a urbiala a			
Texas-New Mexico Pipelien Co.					(0)	e cataless to	wnien af	pproved copy of this f	'orm is to be sent)	
Name of Authorized Transporter of Casi	nghend Clas Cond	Ø or ner i	nuition	Addr	P. 0	. Box 5568,	Denver,	CO 80217		
-Thrope on Linkshipf LTSB. CO.		Ani bare	444554	^aaa	1 <b>538</b> (Gr) 4001	e address to Penbrook	which ap	proved copy of this f	orm is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rg	, -	actually conn	ected ?	When 7	1X 79762	<del></del>	
		9	17   3.	2	Yes					
If this production is commingled with the	t from any other le	ase or pool,	give commin	eling order m	imher.			Unknown		
IV. COMPLETION DATA				,	<u> </u>				<del></del>	
Designate Type of Completic	n (V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugbac	k Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	eady to Prod	1	Total David		<u></u>				
Flevetions (DE DVD DT CD				Total Depth			P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Peforations								Depth Casing Shoe		
		IDVII C					Depui C	asing Snoe		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE									
GIANICE TODAYO SIZ			JIZZ.	DEPTH SET			SACKS CEMENT			
	<del></del>					<del></del>				
V. TEST DATA AND REQUE	ST FOR ALL	OWABL	E				L			
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total vo	olume of loa	d oil and mus	be equal to	or exceed top	allowable f	or this de	pth or be for full 24 h	ours)	
Date Plist New Oil Run 10 120K	Date of Test			Producing N	Method	(Flow, pumy	o, gas lift,	etc.)		
Length of Test	Tubing Pressure			Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF			
GAS WELL					·					
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)			Carina Day (Cl. 1)						
				Casing Pressure (Shut - in)			Choke Size			
VI. OPERATOR CERTIFICAT			C							
I hereby certify that the rules and regula					OIL	CONS	ERVA	TION DIVISI	ON	
Division have been complied with and to			e	D-1					1	
is true and complete to the best of my ki	iowicage and belief	r.		Date /	Approved	· —		·		
Schart Hally					By					
Signature Starte A-T-F										
Printed Name,	Voly Title	3- J-	_	Title_						
10/15/92 21	4- 265	-008	つ		-					
Date		hone No	<del></del>							

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.