Appropriate District Office DISTRICT I P.O. Box 1980, Hubbs, NM 88240

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

## **UIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.				-	BLE AND A					
Operator Charles B. Gillespie, Jr.							Well API No. 30-025-28070			
Address P.O. Box 8 Midlan	nd, Texa	s 797	702							
Rescon(s) for Filing (Check proper box)  New Well Recently X  Recompletion   Change in Operator	Ch Oil Casinghead G		ranspor rry Gas condens		Ouh	et (Please expl	zin)		-	
If change of operator give name and address of previous operator			<u> </u>			<del></del>				
II. DESCRIPTION OF WELL A	ND LEAS	E								·
Lease Name State "O"	Well No.   Pool Name, Include						of Lease Federal or Fee			
Location	····	<u> </u>		<del></del>	-		-			
Unit Letter	:1980	F	ect Pro	m The	South Lim	e and 660	· Fo	et From The _	West	Line
Section 4 Township 15S Range 33E					, N	<b>ирм</b> , Lea	l		<del>-</del>	County
III. DESIGNATION OF TRANS	PORTER	OF OH	ANI	NATU	RAL GAS					
III. DESIGNATION OF TRANSPORTER OF OH, AND, NATL Name of Authorized Transporter of Oil X of California (1975) Unit Enron Oil Trading and Transporter 1-1-93					Address (Give address to which approved copy of this form is to be sent) P.O. Box 10607 Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas or Dry Gas None					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 4 15S 33E			No -			nen ?			
If this production is commingled with that fr IV. COMPLETION DATA	om any other k	sass or poo	ol, give	comming	ling order numb	Der:				
Designate Type of Completion -	(X)  0	hil Well X	G	as Weli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. R	. •	rod.		Total Depth			P.B.T.D.	- 1	
5/15/91 Elevations (DF, RKB, RT, GR, etc.)	6/04/9 Name of Produ		ation		4965 Top Oil/Gas I		<del></del>	496		
4208.6' GR 4224' KB   San Andres					4957'			4931'		
Perforations 4940-4965 OH								Depth Casing Shoe 4940		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				<del>+</del>	NG RECORI DEPTH SET	<u>D</u>	SACKS CEMENT		
12 1/4"	8 5/8"			4200'			2!	2500		
7 7/8"	5 1/2"			4940'			250			
V. TEST DATA AND REQUEST										
OIL WELL (Test must be after rec	covery of total s	volume of i	load oi	i and must		exceed top allo			or full 24 hou	rs.)
6/05/91	5/12/91			Pump	2102 (1 10W, piz		<b></b> .,			
	Tubing Pressure			Casing Pressure			Choke Size	-		
24 Hrs. Actual Prod. During Test	10# Oil - Bbls.			□ □ ⊕ ∰   Water - Bbis			Gas- MCF	·		
160 BBLS.	30	•			130			<1		
GAS WELL								· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condens	nte/MMCF		Gravity of C	ondensats	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA  I hereby certify that the rules and regulate Division have been complied with and the is true and complete to the best of my true  Signature David W. Hastings  Printed Name 06/12/91	ions of the Oil at the informati	Conservation given a elief.	ion nbove	<del>.</del>		OIL CON Approved ORIGINAL DIS	<b>.</b>	ATION ( UN 1 4	1991	DN

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.

