Submit ! Jopies
Appropr. to Disc!!:: Office
DISTRICT !
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

| Change in Transporter of: |
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| Rescut(i) for Filing (Chicc) propore box) Now Wall Change in Transporter of: Dry Gas Change name of well from Tipperary Sw/4-29 Unit No.1 to Wiser 29 State Comm. No.1 Change in Transporter of: Dry Gas Unit No.1 to Wiser 29 State Comm. No.1 Change in Operator |
| New Well Change in Transporter of Change name of well from Tipperary Sw/4-29 Recompletion Oil Operator Dry Gas Cataloghead Gas Dry Gas Cataloghead Gas Dry Gas If change of Operator give sums and address of Operator give sums will see 29 State Committed. No. 1 In DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Northeast Lovington Penn Northeast Lovington Penn Lease Name Well Line and 1980 Peet Prom The South Line Section 29 Township 16S Range 37E NMPM Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Operators Name of Authorized Transporter of Oil Operators Northeast County Address (Give address to which approved copy of this form is to be sent) Public of Authorized Transporter of Oil Operators Northeast County Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Northeast County Northeast County Northeast County Northeast County Northeast County Northeast County Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Northeast County Northeas |
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| Lease No. Wiser 29 State Comm. No.:1 1 Northeast Lovington Penn |
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| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) |
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| Name of Authorized Transporter of Caligness (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingheed Ges |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Well produced oil or liquids, producing Sac. Twp. Rge. Is gas actually connected? When? |
| Well produces oil or liquide, pive location of teales. Sec. Twp. Rge. Is gas actually connected? When? |
| If this production is commingled with that from any other lease or pool, give commingling offer number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Cas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Rus To Tank Date of Test Order Size |
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| Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Onche Size |
| Coins Process |
| Length of Test Tubing Pressure Casing Pressure Choke Size |
| Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF |
| GAS WELL |
| Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MIMCF Gravity of Condensate |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION |
| Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief. Date Approved OCT 1 9 1989 |
| Date Apploved |
| Signature Signature District I Supervisor |

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.

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.

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C+10; Supersedee C+128 Effective (+,+5)

All distances must be from the suter boundaries of the Section

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| X Yes | $r \equiv N_0$ If | answer is "ves," type of | f consolidation | Jommer.i | 11397104 |
| this form i No allowa | if necessary) ble will be assig | ned to the well until all | interests have been c | ctually been consolidated consolidated (by community hinterests, has been appr | ization, unitization. |
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| LEASE E-91 | 118-1 | | PROFESSION AND SURPLY | shown on this pl notes of actual under my superv is true and col knowledge and b | that the well lacation at was plotted from field surveys made by me or usion, and that the same rect to the best of my elief. |
| LEASE V-6 | 17 | To Burn | NO. 676 NO. MEXICO OHNIW. WES | Care Surveyes August In., Registeres Fritess and or Land Surve | ilona, Engineer |

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