Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRAN	JSPO	BT OIL	AND NAT	TURAL GA	S				
Operator		111/11	, <u>,,,</u>	, ti OiL	. 11 12 13/11	, ,, ,,, ,,,,	Well A		_	,	
Bonneville Fuels	Corporatio	on						30-0	25-30	349	
ddress	COLDOLACIO	Z11									
1600 Broadway, Su	ite 1110,	Denve	er, C	0 8020	2		<del></del>	<del></del>	·····		
eason(s) for Filing (Check proper box)						er (Please expla	un)				
ew Well	Ch Oil		ranspon Dry Gas	ter of: Sam	ie						
Lecompletion	Casinghead G	_	Condens	_							
					T V.1.	-1 0-1-	- 1200		mv 770	202 0063	
ad address of previous operator Ine	xco Oil Co	ompany	y, 29	950 N.	Loop We	st, Sulte	e 1200,	Houston	, TX //	192-886	
I. DESCRIPTION OF WELL	AND LEAS	E			·				<del></del>		
ease Name Well No. Pool Name, Includ								of Lease No. FKMENKN Fee N/A			
Berry Hobbs		#1							L		
Location Unit LetterA	:700	1	Feet Fro	om The No	orth Lin	e and980	Fee	et From The	East	Line	
Section 17 Towns	hip 165	<u>.</u>	Range	36E	, N	мрм,		L	ea	County	
		077.01		o bianciii	OAT CAC					•	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OII			Address (Given	e address to wh	hich approved	copy of this fo	orm is to be se	nt)	
$\mathcal{D}_{i}$		n									
Name of Authorized Transporter of Casinghead Gas X or Dry					Address (Giv	re address to wi	hich approved	Findlay, OH-45840 ch approved copy of this form is to be sent)			
Phillips 66 That gas					4th & Keeler, Bartlesville, OK 74004						
If well produces oil or liquids,	Unit S	ec.	Twp. Rge.		Is gas actually connected? Whe			n ?			
rive location of tanks.					yes.		lince	eption			
f this production is commingled with the IV. COMPLETION DATA	at from any other	lease or p	oool, giv	e comming!	ing order num			,	1	·	
Designate True of Completie		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
		1 1 1 Pa			Top Oil/Gas Pay			Tubing Den	Tuking Dooth		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation								Tubing Depth			
Perforations					1			Depth Casi	ng Shoe		
	TI	IDING	CASI	NG AND	CEMENT	ING RECOR	8D	<u>'</u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	0,101	OAGING & TODING OZZ									
		LOW	ADIE		<u> </u>	·					
V. TEST DATA AND REQU	EST FOR AL	JLOW A	ABLE	oil and muc	t he equal to a	or exceed top al	lowable for th	is depth or be	for full 24 hou	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank			oj toda	оц апа тиз	Producing N	Method (Flow, p	ownp, gas lift,	elc.)	<u> </u>		
Date Lier New OH Knu 10 1amk	To Tank Date of Test										
Length of Test	Tubing Press	Tubing Pressure				sure		Choke Size			
				<u></u>			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Oas- Wici			
GAS WELL								16	<u> </u>		
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	ተለር ነጋ ፡፡ ከ ፡፡	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pres										
VI. OPERATOR CERTIF	ICATE OF	COMI	PLIA	NCE		OIL CO	MOED\	/ATION	ואואום	ΩN	
I hereby certify that the rules and ru	egulations of the (	Dil Conse	rvation			OIL CO	NOLIN				
Division have been complied with	and that the infort	nation giv	ven abov	/e				AU	6221	<b>989</b>	
is true and complete to the best of	ily knowledge and	u venen.			Da	te Approv	ed		. Signed by		
Man	F _ 1.	1.						Pe	mi Kauta	• .	
Signature Signature	15w	7-		<del></del>	Ву				cologist		
Signature Green Twombly		Pr	esid	ent							
Printed Name	/20	3) 86	Title 3-15	55	Titl	e					
8/18/89	(30		lephone								
Date		7.61	provide		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.
- 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

AUG 21 1989

HOBBS OFFICE