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Appropriate District Office
DISTRICT I
P.G. 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

		7	TO TRA	NSPC	ORT OIL	AND NAT	URAL GA	S	DI M.			
perator								Well A	PI No. 025–3083	12		
W. A. MONCRIE	EF, JR.					<del></del>						
ddress  MONCRIEF BUII	DING N	ו אייאדו	a comm	ERCE	FORT	WORTH, T	EXAS 76	102				
MONCRIEF BUIL	oper box)	4114111				A  Utine	x (Piease expia	in)			\cdot \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
lew Well	•		Change in	•		CHA	NGE ADDR	ESS FRO	M 400 ME	TRO BLL	)G•	
ecompletion		Oil	닏	Dry Ga			LAND, TE	XAS 797	OI TO TH	IE ABOVE	*	
hange in Operator		Casinghea	d Gas	Conden	sate	ADD	RESS					
change of operator give name ad address of previous operato											<del></del>	
_		NDIE	CE									
I. DESCRIPTION OF	WELL A	Well No. Pool Name, Including				ng Formation			Kind of Lease		Lease No.	
STATE "8"		3 HUME ATOK					State,	State, Federal or Fee		L-6721		
Location				·				_		rmcm		
	D		990	Feet Fr	om The $\frac{NC}{2}$	PTH Line	and	) Fe	et From The _	WEST	Line	
Omit Death!								LEA			County	
Section 8	Township	16	SS	Range	341	E , NI	<u>MPM,</u>	איזות			County	
	m mm A Nic	DADTE	D OF O	II AN	D NATII	DAL GAS						
II. DESIGNATION O	er of Oil		or Condet	isate	U NATU	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be s	eni)	
	<b></b> 01 011	X			<u></u>	2500 AL	LIANZ FI	NANCIAL	CTR. LK	BOX 18	5 DALLAS,	
JM PETROLEUM  Name of Authorized Transport	er of Casingh	ead Gas		or Dry	Gas X	Address (Giv	e address to wh	rich approved	copy of this fo	orm is to be s	ent)75201	
CONOCO. INC.	_					P. O. BOX 2197, HOUS						
f well produces oil or liquids,		Unit	Sec.	c. Twp. Rge.		Is gas actuali	y connected?	•	When?   8-10-90			
ive location of tanks.			8	16	34	Yes			-10-90			
f this production is commingle	ed with that fr	om any oth	ner lease or	pool, gi	ve comming	ing order num	DET:					
V. COMPLETION D.	ATA		lon Wall		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Co	moletion -	(X)	Oil Well	' ! '	Cas Well	11000 11000		i		<u> </u>		
Date Spudded		Date Compl. Ready to Prod.				Total Depth	Total Depth		P.B.T.D.			
Date alterner												
Elevations (DF, RKB, RT, GR	, elc.)	Name of F	roducing F	ormation	1	Top Oil/Gas	Pay		Tubing Dep	th		
						<u> </u>			Depth Casir	ng Shoe		
Perforations									Depair Casa	ig one		
				CACI	NIC AND	CEMENT	NG RECOR	2D	<u> </u>			
		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE		C.A	ISING & I	UBING	SIZE	<del> </del>						
									ļ			
									<u> </u>			
V. TEST DATA AND	REQUES	T FOR	ALLOW	ABLE	E			tbl. fam th	in denth on he	for full 24 hu	ours)	
OIL WELL (Test my	ust be after re	covery of	total volum	e of load	oil and mus	t be equal to o	exceed top al	numm eas lift.	etc.)	JOT JAM: 27 1A		
Date First New Oil Run To T	ank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
						Casing Pressure			Choke Size	Choke Size		
Length of Test		Tubing Pressure										
Actual Prod. During Test		Oil - Bbls.				Water - Bbis.			Gas- MCF			
Actual Prod. During Test		On - Bon	<b>.</b>									
						<del></del>						
GAS WELL Actual Prod. Test - MCF/D		Length o	f Test			Bbls. Cond	ensate/MMCF		Gravity of	Condensate		
Actual Prod. 1est - MC17D	Dal Prod. 16st - MCF/D								G. A. Cia			
Testing Method (pitot, back p	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
leading tylenion (buot)									<u> </u>			
VI. OPERATOR C	ERTIFIC	ATE O	F COM	IPLIA	NCE		OIL CO	NICEDI	/ATION	פועום	ION	
I hereby certify that the fl	iles and regul	ations of th	he Oil Cons	ervation			OIL CO					
Division have been comp	lied with and	that the in	IOLIDATION S	DAGU SOC	ve				HOV O	भ १५५१	j	
is true and complete to th	e best of my	knowledge	and belief.			Da	te Approv	ed		<del></del>		
Patsy	la Man	1	/			11				-33 / <b>2</b> 2 / Y	oN	
( Jasy N	suco y	m				Ву	<u>Č</u> LI	<u> </u>	er Karlon (* 1556) Roja oprak (* 1566)	ari daasi Nografi		
Signature PATSY HOLCOMB	}	I	AGENT			11						
Printed Name			22.22	Title		Titl	e					
11-2-90			317 330	clephon								
Date			1	cichion	. 14U.	li .				صني حد حد		

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.