Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSPO	RT OI	L AND NA	TURAL G	AS					
Operator	Well API No.											
Charles B. Gillespie, Jr.					30-025-32184							
1	lland,	ТX	79701	L								
Reason(s) for Filing (Check proper box)				· · · · · · · · · · · · · · · · · · ·							norizati	
New Well		Change in	n Transpor	ter of:		trans						
Recompletion	while testing well prior to actual											
Change in Operator	24 hour potential test. Nov. 1993											
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE		-T									
Lease Name	Well No. Pool Name, Include 3 West Love			-	٠.	1		of Lease Federal or Fe	_	Lease No.		
Hamilton Federal Location			Iwest	FOA	ington	Strawn			Teachin to Te	NM-	-04411	
Unit Letter K	er K : 1880 Feet From The					South Line and 2080				Feet From The West Line		
Section 33 Townshi	p 15	5-S	Range	35-	E , NI	мрм, Le	a				County	
III. DESIGNATION OF TRAN	SPORTE			NATU								
Name of Authorized Transporter of Oil	X	or Conde	nsate			e address to w						
Amoco Pipeline Co		X				.West					79336	
Name of Authorized Transporter of Casing	ias 🗀	Address (Give address to which approved copy of this form is to be sent)										
Warren Petroleum	·		100			Box 11:			dland,	TX 79	9702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		ls gas actuali	y connected?	ļ,	When	-			
	0 1		<u> 15-9</u>						1-2-93			
If this production is commingled with that I IV. COMPLETION DATA	nom any om	er icase or	pool, give	comming	ing order num	ber:		··				
Designate Type of Completion	- (X)	Oil Well	l G	s Well	New Well	Workover	Deep	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. I			o Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	(7, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations	Death Control						_					
. C.									Depth Casin	g Shoe		
	т	TIRING	CASINI	G AND	CEMENITO	IC PECOP	<u> </u>		<u> </u>			
HOLE SIZE				CEMENTING RECORD				CACKO OFILENT				
TIOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	 				<u> </u>							
										···		
							 ,					
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re			of load oil	and must	,					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	thod (Flow, pu	ump, gas	lift, ei	tc.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL										<u> </u>		
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF			Gravity of C	ondensate		
	Longin of Test				Doi: Concentration							
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	T I A NIC	TF	l				!			
				نار	(DIL CON	ISEF	RVA	I NOITA	DIVISIO	N	
I hereby certify that the rules and regula Division have been complied with and the						5						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved Nov 03 1993						
1/ 1/ 1/	5 "				Date	Approve	□ - ₩	0V	03 199	5		
Kullula.							• •					
Signature						By ORIGINAL SIGNED BY JERRY SEXTON						
Kevin Widner Production Manager						DISTRICT I SUPERVISOR						
Printed Name Title								_				
November 1, 1993	915		<u>–1765</u> phone No.	·	Title_							
					L.L			_				

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.