Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	Pl No.			
THE W	ISER OF	IL COM	PANY	Z .				300	2501529	V	
Address 8115	PRESTON	N ROAD	- 9	Suite 40	0 - DAL	LAS, TX	75225				
Reason(s) for Filing (Check proper box)						(Please explai	n)				
New Well	c	hange in T	non	orter of:	_	-					
Recompletion	Oil I		Ory G	. 🗆			EFFECT	IVE 9-1:	5-92		
· —	Caringhead (_	Conde	_							
			ION	& PROD.	co	P.O. BOX	8850 -	MIDLANI), TX 79	708-8850	
L DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						e Formation Kind of			Lease No.		
					r Grayburg SanAndres			State, Federal or Fee		3-2229	
Phillips State			Maı	Jamar G	rayourg	SanAndre	S_I	SE.	are		
Unit LetterC	: 165	01	Feet F	from The _W	est Lim	and99	0 Fe	et From The _	North	1Line	
Section 28 Township	17	S1	Range	33	E , N	ирм,	Le	a		County	
III. DESIGNATION OF TRANS	PORTER	OF OI	L AN	ND NATUE	LAL GAS						
Name of Authorized Transporter of Oil		or Condens			Address (Giv	e address to wh	ich approved	copy of this fo	orm is so be a	ent)	
Texas New Mexico Pip		Company	Y			Box 2528					
Name of Authorized Transporter of Casing				y Cas 🔲		e address to wh					
GPM Gas Corp.					4001	Penbrook	. Odess	a, TX	79765		
If well produces oil or liquids,	I produces oil or liquids, Unit Sec. Twp.			Rge.	is gas actually connected? When			7			
give location of tanks.	c L	28 i	1	7 33	Yes			2-26	-58		
If this production is commingled with that fi	om any othe	r lease or p	xool, g	ive commingli	ng order sum	ber:		 			
IV. COMPLETION DATA		Oil Well	Ţ	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Data Compl	l. Ready to	Prod		Total Depth	<u> </u>	<u>. </u>	P.B.T.D.	<u> </u>	<u>.i</u>	
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
									Depth Casing Shoe		
Perforations								Бери Сая	ng Saloe		
	Т	UBING,	CAS	ING AND	CEMENT	NG RECOR	D				
HOLE SIZE	UT & DNE	BING	SIZE	DEPTH SET			<u> </u>	SACKS CEMENT			
								 			
								 		·	
				<u> </u>	ļ			 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ĀBL	E	<u> </u>						
OIL WELL (Test must be after re	covery of 10	cal volume	of loc	d oil and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 ha	ners.)	
Date First New Oil Run To Tank	Date of Tel				Producing M	lethod (Flow, p	emp, gas lift,	esc.)			
				T							
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1				<u></u>			*	w.	-	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Coodensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COM	PLL	ANCE		011 00:	1055	/ATION	D11/101	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above					OIL CONSERVATION DIVISION NOV 0 3 '92						
is true and complete to the best of my knowledge and belief.					Date Approved						
\Sichard d	<u> 8t</u>	all	a	4	By.	OR	IGINAL SI	GNED BY	JERRY SEX	TON_	
Signature RICHARD STARKEY - SECRETARY District Name Title						DISTRICT I SUPERVISOR					
Printed Name September 15, 199	2 21	14-265	-00		Title	9					
Date		161	quo	~ 1~·		• . • • • • •		· · · · · · · · · · · · · · · · · · ·			
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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.