iubmi: 5 Copies
Appropriate District Office
DISTRICT 1
1.0. Box 1980, Hobbs, NM 88240

## State of New Mexico rgy, Minerals and Natural Resources Depart. at

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

NSTRICT II '.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III	
DISTRICT III 000 Rio Brazos Rd., Aziec, NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	10 IH	ANSPORT O	IL AND NATURAL		•	
C. O. FULTON				Well API No.		
Address				LC069240		
P.O. BOX 1121 AF	RTESIA. N. M.	88210				
(cason(s) for Filing (Check proper be	)x)	JUL 10	Other (l'lease e	Trilarel		
New Well		n Transporter of:		apain)		
Recompletion	Oil Dry Gas					
f change of operator give name	Casinghead Gas	Condensate [		•		
ad address of previous operator						
L DESCRIPTION OF WEI	LL AND LEASE					
Lease Name		Pool Name, Inclu	ding Formation			
CONOCO FEDERAL	/ CORBIN QUE			Kind of Lease State, Federal for Fee	Lease No.	
Location	110 198		7 .	The state of the s	LC 264420	
Unit Letter #	:	_ Feet From The _	A South 3	<b>₩</b> 2377	2 7 1 1	
Section 6 Torse	aship 185	_		Feet From The	Line Line	
100	usnip 10 3	Range 33	€ , NMPM,	LA	County	
U. DESIGNATION OF TR	ANSPORTER OF C	HI. AND NATE	UDAL (116		County	
		neate ()	Address (Give a bloom			
NAVAJO CRUDE OIL PUF			P.O. BOX 159	which approved copy of this form	is to be sent)	
Name of Authorized Transporter of Ci	usinghead Gas	or Dry Gas		9 ARTESIA, N. M. which approved copy of this form	88210	
if well produces oil or liquids,		-,	↓		is to be sent)	
ive location of tanks.	Unit Sec.	Iwp.   Rge	. Is gas actually connected?	When ?		
this production is commingled with the V. COMPLETION DATA	hat from any other lease or	1/85 33E				
V. COMPLETION DATA		boot' Rive committing	giing order number:			
Designate Type of Communication	Oil Wel	Gas Well	New Well   Workover			
Designate Type of Completion		İ	The state of workover	Deepen Plug Back Sa	me Res'v Dill Res'v	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			
Elevations (DF, RKB, RT, GR, etc.)				P.B.T.D.		
and the final first on, sie.	Name of Producing F	omistion	Top Oil Gas Pay	Tubing Depth		
erforations						
				Depth Casing S	hoe	
	TUBING.	CASING AND	CEMENTING RECO	1015		
HOLE SIZE	CASING & TU	JBING SIZE	DEP1H SE	·		
			SACKS CEMENT		CKS CEMENT	
. TEST DATA AND REQU	EST FOR ALLOWA	ADIE				
IL WELL (Test must be afte	r recovery of total volume	of load oil and miss	the entre			
Pate First New Oil Run To Tank	Date of Test		Producing Method (Flow, )	llomable for this depth or be for f	ull 24 hours.)	
			incurse (1 10%, )	pump, gas lyl, elc.)		
ength of Test	Tubing Pressure		Casing Pressure	Choke Size		
ctual Prod. During Test	_			Short Size		
when store to thing test	Oil - Bbls.		Water - Bbls	Gas- MCF		
14.0 Mp. I						
GAS WELL clust Prod. Test - MCF/D						
Figure 1681 - MICI/D	Length of Test		Bbls Condensate MMCF	Gravity of Cond	encale	
sting Method (pitot, back pr.)	Tubing Pressure (Shut-	1-	7 7	,		
	rearing recomine (Stifft)	m)	Casing Pressure (Shut in)	Choke Size		
I. OPERATOR CERTIFIC	CATE OF COM					
I hereby certify that the rules and rec	ulations of the Oil Comme			NOCOVATION		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above		OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.			Date Approved FEB 2 7 1990			
PWStand			Date Approve	ed	1000	
Signality			D	Onicia e		
			by	By ORIGINAL SIGNED BY JERRY SEXTON		
Printed Name				DISTRICT I SUPERVI	SOR	
2/20/90 Date	748-2	621	Title	<u> </u>		
	Telef	phone No				
***************************************	t the weeking on the contract	and the second second second	10 Jacobson			

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
- 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 revol in multiply completed wells.