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

## State of New Mexico Minerals and Natural Resources Department Ene

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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l		TO TRA	NSI	PORT OIL	AND NA	UNALGA	Wall 7	PI No.			
Operator								025 02286 ZK			
									<del></del>		
Address P. O. Box 730 Hobbs, New	Mexico	88240	0-25	28							
Reason(s) for Filing (Check proper box)	THI CALO				النسنيا	r (Please expla					
New Well		Change in	Trans	porter of:	EF	ECTIVE 6-	-1–91				
Recompletion	Oil		Dry (	Gas 📙							
Change in Operator X	Casinghea	d Gas	Cond	lenute							
If change of operator give name Texac	o Produ	icing Ind	c	P. O. Box	730 H	lobbs, Nev	w Mexico	88240-2	528		
and address of previous operator											
II. DESCRIPTION OF WELL A	Well No. Po			Name, Includir	ng Formation			Kind of Lease		Lease No.	
Lease Name WEST VACUUM UNIT	44		4		BURG SAN ANDRES			State, Federal or Fee		858150	
Location		11.4	1 ***								
C	660	669	Feet	From The NO	RTH Line	and1980	Fe	et From The	WEST	Line	
Unit Letter					ı			1.EA			
Section 3 Township	1:	85	Rang	ge 34E	, NA	(PM,		LEA		County	
				5 mg 5 1 4 FFF 11	212 110						
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	Address (Give	address to wh	ich approved	copy of this fo	rm is to be se	nd)	
Name of Authorized Transporter of Oil INJECTOR		or Conde	neme		Address (Give address to which approved copy of this form is to be sent)						
	hry Gas []	Address (Give address to which approved copy of this form is to be zent)									
Name of Authorized Transporter of Casing	ـــا ر.										
If well produces oil or liquids,	Unit Sec.		Twp	Rge.	Is gas actually connected?			When ?			
give location of tanks.		İ		_1			L				
If this production is commingled with that for	rom any oti	er lease or	pool,	give comming!	ing order numi	er:					
IV. COMPLETION DATA							Burne	Dhua Dack	Same Res'v	Diff Res'v	
D. in the Trans of Completion	<b>~</b>	Oil Wel	u	Gas Well	New Well	Workover	Deepen	Flug Dack	Suite Res	1	
Designate Type of Completion -		pi. Ready t	o Prov	<del></del>	Total Depth	L	l	P.B.T.D.	L		
Date Spudded	Date Com	pi. Kemiy c	<i></i>	•							
Flevations (DF. RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation											
Perforations	L				<u> </u>			Depth Casin	g Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					ļ			+			
								<del>                                     </del>			
								<del> </del>			
THE PROPERTY AND DEOLIES	TEOD	ALLOW	ARI	F							
V. TEST DATA AND REQUES OIL WELL (Test must be after re	acovery of t	ndal valum	e of lo	ad oil and musi	be equal to o	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of T		,		Producing M	ethod (Flow, p	ump, gas lift.	etc.)			
Date First 168 On Kill 10 14mz								Choke Size			
Length of Test	Tubing Pr	ubing Pressure				Casing Pressure			Choke Size		
					ļ			Gas- MCF			
Actual Prod. During Test Oil - Bbls.					Water - Bbls	•		Out Mo.			
					1						
GAS WELL								<u> </u>	A. J. C. C.		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Cattle Licenne (Stream)						
					- <del> </del>				-		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLI	ANCE		OIL COI	<b>NSERV</b>	<b>ATION</b>	DIVISIO	NC	
I hereby certify that the rules and regul	ations of th	e Oil Cons	ervalio	20		• • •					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dot	Approve	ad			الأوّ	
,					Dal	2 Whhink					
2 m Willer					Div	<b>∆</b> 0 -	Silder ein	n gan n e ce	State of the second		
Signature Div. Opers. Engr.					By_	€1K1;		<u>nan bila</u> Milabaha		<del>)N</del>	
K. M. Miller		DIV. C	pers Tit								
Printed Name May 7, 1991		915		ue 3–4834	Title	)			<del></del>		
Date				ne No.	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.