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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 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

· Operator		<u> </u>	1101	OITI OIL	, , , , , , , , , , , , , , , , , , ,	<u> </u>		API No.	· · · · · · · · · · · · · · · · · · ·		
Sidney Lanier								30-02	5-639	7/	
dress	ahha *	m oon	41								
P.O. Box 755, H	obbs, N	M 882	41_		Othe	t (Please expl	ain)				
ason(s) for Filing (Check proper box)		Change it	Trans	sporter of:		. (
completion	Oil		Dry	• —	Effect	ive 4/1/	92				
lange in Operator	Casinghead	Gas =	, ,	densate							
inge in Openins	-				01	1 D			16424		
address of previous operator	k Opera		Cor	p. , P.O	. Вох 91	1 Brecke	enriage,	Texas /	0424		
DESCRIPTION OF WELL	AND LEA		Deal	Name Include	Fo-stion		Vind	of Lease	1.	ease No.	
ease Name State NMA		Well No.	1	Name, Includi kansas J	-	Oueen (Facecount Ro			
ocation			1						<u>.</u>		
Unit LetterA	:66	50	_ Feet	From The _N	orth Lin	and66	50 Fe	et From The	East	Lin	
Section 14 Township	, 189	3	Rang	ge 36E	, NI	ирм,		Lea		County	
I. DESIGNATION OF TRAN	CDADTE		ATT A	ND NATH	DAI GAS						
I. DESIGNATION OF TRAIN ame of Authorized Transporter of Oil	SPURIE	or Conde			Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	int)	
None											
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					1			orm is to be se	int)		
	Warren Petroleum Company								klahoma 74102		
well produces oil or liquids, we location of tanks.	Unit	Sec.	Twp	ı Rge.	Is gas actually connected?			When? June 30, 1961			
	<u> </u>	le	<u> </u>		Yes			June 30,	, TAPT		
this production is commingled with that f /. COMPLETION DATA	from any oth	er lease of	r poot,	give comming	ing order min						
. CONFEDENCE DATA		Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Ĺ	j		İ	<u> </u>		<u> </u>	1		
ate Spudded	Date Comp	i. Ready t	io Prod	1.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
								D 10-1-1			
erforations								Depth Casir	ng Shoe		
		TIDDIC		CINIC AND	CENTERITY	NC DECO	<u> </u>	1			
					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEFIN SET			SAUNS CEMENT			
			 -		ļ <u>.</u>						
											
. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Œ	1						
IL WELL (Test must be after r	ecovery of to	tal volum	e of loc	ad oil and mus	be equal to or	exceed top al	lowable for th	is depth or be	for full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of Ter		· · · · · · ·		Producing M	ethod (Flow, p	ownp, gas lift,	etc.)			
							*	Choke Size			
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
	-					Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				water - Bots.						
GAS WELL	1										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	(0)				Coring Descript (Shut in)			Chake Size	Choke Size		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHORE SIZE	•		
VI. OPERATOR CERTIFIC	ATE OF	СОМ	PI I	ANCE				ATION:	DIV (IC)		
							NSERV	AHON	DIVISIO	אכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								ממים פי עאונג			
is true and complete to the best of my knowledge and belief.					Date Approved			MAY 20'92			
Idense IJa	W-							ta de la company	n na kalakan la		
Signature					By_				AT Sign	<u> </u>	
Donna Holler		A	gent								
Printed Name	505	-393 - 3	Titl 2727		Title						
5/19/92 Date	303		elephor								
T-MC					_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.