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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Departme...

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

Bond 04 93

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator <u> 30-025-0755 |</u> Rowland Trucking Co., Inc. Address 88241 P.O. Box 340 Hobbs, NM Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: lease name from New Well Change Dry Gas Recompletion n water Co Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Unichem International Inc. Hobbs, NM 88240 P.0. Box 1499 IL DESCRIPTION OF WELL AND LEASE Kind of Lease State, Pederal or Vice Lease No. Well No. Pool Name, Including Formation ML 19739 Salt Trucker's Brine Station Location 1980 1980 Feet From The South Line and Feet From The Unit Letter NE/4 SW/4 Township 18 South Range 38 East 33 Lea County , NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas ls gas actually connected? If well produces oil or liquids, Sec. Twp. When? 1 Unit Rge. rive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Plug Back Same Res'v Gas Well New Well Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** HOLE SIZE CASING & TUBING SIZE . TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above APR 3 0 1993 is true and complete to the best of my knowledge and belief. Date Approved _ THROUGH AL MONSON BY JERRY SEXTOR By_ BACTHOT I SUPERVISOR Printed Na Title Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

50.5

Date

- 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.

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Telephone No

4) Separate Form C-104 must be filed for each pool in multiply completed wells.