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Appropriate District Office Appropriate District I 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazes Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		TO TIM	1401	0.11				Well AP	I No.			
Operator GREAT WESTERN DRILL	TNG CO	MPANY										
Address												
P.O. Box 1659 MIDL	AND,	rx 797	02									
Reason(s) for Filing (Check proper box)	Other	(Please exp	iam)			•						
New Well	0"	Change in	Transp Dry C									
Recompletion	Oil Carinober		-	ensate	Effect	ive Oct	:ob	er 1. 1	L992			
Change in Operator	Casinghe	44 038		VII.C. 1								
nd address of previous operator												
I. DESCRIPTION OF WELL				T								
Lease Name		Well No. Pool Name, including				_			Kind of Lease		ase No.	
Sylvester Johnson		2	C	arter Sar	n Andres	, So.						
Location	_					. 2	ואכ	_		N	• .	
Unit LetterC	. :	L650	. Feel	From The	YLine	and	30	Fee	t From The _	1//	Line	
0	. 18-	_C	Rans	ec 39–I	m. s	ирм,]	Lea				County	
Section 8 Township	то-	-5	Kani		- I				· · · · · · · · · · · · · · · · · · ·			
III. DESIGNATION OF TRAN	SPORT	er of o	IL A	ND NATUI	RAL GAS							
Name of Authorized Transporter of Oil	XXX	or Couder	esate		Addition (Oil					rm is so be se		
Texaco Trading and Tr	anspo	ration	Inc							o 80217		
		(7.77.7.)	01	}r∪ (12 \$ 1	Address (Giv	e address to	whic.	h approved	copy of this fo	erm is to be se	r!) NZ 74004	
Name of Authorized Transporter of Casing Phillips Petroleum Co	HODADY	2 GPM	Ges	Corporation	'F'rank I Is gas actuall	hillip	S_E	When	Barties 1	viire, c	JK /4004	
If well prodests to be Verad , ebruary give location of ranks.	Unit	'†S∞. Ì β	IIWP	-S 39-E	10 500 000000	res		1 1111012	958			
If this production is commingled with that	fmm any c											
IV. COMPLETION DATA			•	•								
		Oil Wel	1	Gas Well	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)				7.15	<u> </u>				l	<u> </u>	
Date Spudded	Date Co	mpl. Ready I	or Proc	d. ,	Total Depth				P.B.T.D.			
	1				Top Oil/Gas	Pav			Tubing Dan			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil Gas Fay				Tubing Dep	uı		
						· · · · · · · · · · · · · · · · · · ·		·····	Depth Casir	ng Shoe		
Perforations					•							
		TUBINO	i. CA	SING AND	CEMENT	NG REC	ORI)				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
TIOLE SIZE					ļ				ļ			
						···-			 			
					 			· · · · · · · · · · · · · · · · · · ·				
	CT FOR	ALLON	VARI	F	1	 						
V. TEST DATA AND REQUE	STFOR	facial value	e of le	cad oil and mus	t be equal to a	r exceed top	allo	wable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test				Producing N	be equal to or exceed top allowable for this depth or be for full 24 ho Producing Method (Flow, pump, gas lift, etc.)						
Date First New Oil Run 10 14th	Date of	Date of Tex										
Length of Test	Tubing	Tubing Pressure				Casing Pressure				Choke Size		
Length of Yes		Tuoing Treesers								Con MCE		
Actual Prod. During Test	Oil - Bi	Oil - Bbls.				Water - Bbls.				Gas- MCF		
GAS WELL												
Chal Prod. Test - MCF/D Length of Test				Bbis. Condensate/MMCF				Gravity of	Gravity of Condensate			
	İ									Choke Size		
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Cloke Size		
VI. OPERATOR CERTIFIC	CATE	OF COM	APL.	IANCE		OIL C	ΟN	ISERV	ATION	DIVISI	ON	
Thereby configurate the rules and regulations of the Oil Conservation												
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date ApprovedSEP 2 8 '92						
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(contained)	O'				D.	. 559/019	SIA?	CHECK BUSINESS	54 156.03	TERMON		
Signature.							9556	**E1574-1177 - 1		r sakaass		
Signature Carol Finkle Production Accountant												
Printed Name September 18, 1992 (915) 682-5241 Telephore No.						e			· · · · · · · · · · · · · · · · · · ·			
	7 (91;	004-	يونيور Teleph	none No.								
Date			-			-45-71 H	22.03	11.425.000	STATE OF THE	and a second		

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.