Subtrit 5 Copies
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

## 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, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO THANS	SPURT UIL	אואט ואאַן	OUVE GV	Well A	PI No.		
Great Western Dri	lling	Company							
Address P.O. Box 1659	Midl	and, TX	79702						
Reason(s) for Filing (Check proper box)				Othe	t (Please expla	in)			
New Well		Change in Tra	nsporter of:						
Recompletion	Oil	☑ Dr	y Gas	,					
Change in Operator	Casinghe	ad Gas 🔲 Co	ndensate 🔲	effect	ive July	1, 199	2		
f change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LE	ASE							
Leise Name	ol Name, Includin	g Formation		Kind c	Kind of Lease Skale Federator Fee		ase No.		
/Johnson, Sylvest	er \	3 C	arter San	Andres.	So.	South	PERIORAL PER		
Location D	. 99	)O E.	et From The	V I inv	and330	· Ea	et From The _	N	Line
Unit LetterD	. :	V F	a rion the	J	· 844			····	
Section 8 Township	18-	56) Ra	nge 39-1	<u>. N</u>	APM,	Iea	<del></del>	<del> </del>	County
III. DESIGNATION OF TRANS	SPORTI	ER OF OIL	AND NATUI	RAL GAS			·	<del> </del>	· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of Oil	$\Gamma X $	or Condensate	· 🗀	Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Company		Z∑ or	Day Cas [	P.O. Bo					-41
Name of Authorized Transporter of Casing Phillips Petroleum Com	Dry Gas Corporation				copy of this form is to be sent) Sartlesville, OK 74004				
If well produces oil or liquids,	Unit Sec. Twp. Rge.			Is gas actually connected? W			1958		
give location of tanks.	D		8-5 39-E						
If this production is commingled with that it IV. COMPLETION DATA	tour sua o	ther lease or poo	i, give commingi	uf other must	per:				
	~~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		npl. Ready to Pro	l	Total Depth	<u>[</u>	<u> </u>	P.B.T.D.	L	1
Date Spudded	Date Con	npi. Ready to Fi	J.				F.B.1.D.		
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
·		TIDING C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>		
		ASING & TUBI		CLIVILIVII	DEPTH SET		T	SACKS CEM	ENT
HOLE SIZE	<u></u>	ASING & TOB	140 5/22		DET THE GET		<u> </u>	ONONO OLIM	
	<del> </del>								
			-	<u> </u>			<u> </u>	<del></del>	<del></del>
V. TEST DATA AND REQUES OIL WELL (Test must be after r	or FOR	ALLOWAR	LLL load oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of 7				ethod (Flow, pa			, ,	
							I Choke Size		
Length of Test	Tubing Pressure			Casing Pressure			Choke 2126		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
	<u> </u>						1		
GAS WELL	<del></del>	77.a		Table Conde	usale/MMCC		General	Condenses	
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
THE OPEN A MODE CEDEBLES	ATE O	E COM MI	IANCE		· · · · · · · · · · · · · · · · · · ·			<del></del>	
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul	AIE U	Ne Oil Consegue	TUTA ATT		OIL CON	<b>ISERV</b>	ATION	DIVISIO	NC
Division have been complied with and	that the in	formation given	above						
is true and complete to the best of my	knowledge	and belief.		Date	e Approve	ed			4
0.000	Ma			Dan	s Appiove	·	· · · · · · · · · · · · · · · · · · ·		
COUNTY WOULD				By					
Signature Carol Finkle					• • • • • • • • • • • • • • • • • • •	* * 	the sale of		
Printed Name		-	îde - 600 - 5041	Title	)				
June 24, 1992	`		682-5241 one No.						
Date				11.	<u></u>				

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.