Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

Minerals and Natural Resources Department Ener

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

Cyrenor Cyre	JISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410			BLE AND AUTHORI AND NATURAL GA	AS			
Address P. O. Box 730 Hobbs, New Mexico 88240–2528 Color (Please asplain) Color (Please asplain) EFFECTIVE 8-1-91 Color (Please Asplain) EFFECT	Operator		Well			ציש		
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NEW MEXICO AC STATE NOT 1 8	I. DESCRIPTION OF WELL				V:-A	£1	1 .	
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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 Caninghead Gas or Dry Cas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Caninghead Gas PREAT ON The Reg. Is gas actually connected? When 7 If well produces oil or liquids, with that from any other lease or pool, give commingling order number: If this producion is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Cas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Choke Size Choke Size GAS WELL GAS WELL	0	;330	_ Feet From The SC	OUTH Line and 1980	0 Fe	et From The <u>EA</u>	ST	Line
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GAS WELL	Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
	GAS WELL	1				· ·		
Actual Prod. Test - MCP/D	Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure (Sha	#-in)	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above	I hereby certify that the rules and regula	ations of the Oil Conse	rvation	OIL CO	NSERV	ATION D	IVISIC)N
is true and complete to the best of my knowledge and better. Date Approved	is true and complete to the best of my i	knowledge and belief.	102 BIOTE	Date Approve	ed		् ।८५	1
Signature ByBy	Signature			Ву		. :		
K. M. Miller Div. Opers. Engr. Printed Name Title May 7 1991 915–688–4834 Title	K. M. Miller Printed Name		Title	Title				

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

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.

Telephone No.

- 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.