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 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

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU				BLE AND A		ZATION				
I.					L AND NAT		AS				
Operator	Corporation						1	II API No. 30-025-25826 /			
Address 3908 N.Peniel,s	uite 50	0. Bet	thany	OK 7	300&						
Reason(s) for Filing (Check proper box)		-,		, ,		t (Please expl	ain)				
New Well		Change in	Transpo	rter of:	- ,	ective	6/1/03				
Recompletion	Oil	X	Dry Ga	.s 🗆	EII	eccive	0/1/93				
Change in Operator	Casinghead	i Gas 🔲	Conden	sate							
If change of operator give name and address of previous operator											
	DESCRIPTION OF WELL AND LEASE									37-	
Lease Name	Well No. Pool Name, Includ		_	(C) et a			of Lease No. Federal or Fee				
Gulf State		1	Buc	keye A	bo						
Location											
Unit Letter A	_ : <u>76</u>	0	Feet Fr	om The _	north Line	and76	00 Fe	et From The	<u>east</u>	Line	
Section 9 Townshi	1.8	S	Range	35E	, NIN	IPM,	<u>Lea</u>			County	
III. DESIGNATION OF TRAN	SPORTE			D NATL	RAL GAS						
Name of Authorized Transporter of Oil Amoco Pipeline ICT	[ΛΛ]							copy of this form is to be sent)			
Name of Authorized Transporter of Casing GPM Gas company	chead Gas	XX	or Dry	Gas	Address (Giw	address to w	hich approved Odessa,	copy of this f	orm is to be se		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Тwp . 1 18S		is gas actually		When 8/4	?			
[L	1	yes		1 0/ 4	7 10			
If this production is commingled with that IV. COMPLETION DATA	nom any our	ricase or	poor, grv	e communi	hing order name						
Designate Type of Completion	- (X)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u>. </u>	_L	
	Date Compl. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casin	g Shoe		
TUBING, CASING ANI					CEMENTIN	NG RECOR	D D				
HOLE SIZE		ING & TU				DEPTH SET			SACKS CEMENT		
		SHO & TOBING GIZE									
		-				··					
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR A	LLOWA	ABLE	:: d	the emist to on	exceed top all	mable for thi	denth or he	for full 24 hour	rs.)	
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Tes		or loga c	nu ana mus	Producing Me	thod (Flow, pr	ump, eas lift,	sc.)	, or , <u>a.</u> , <u>a.</u> ,		
Date First New Oil Kim 10 1smx	Date of 1es	L			Troubung ivie	alou (2 10 / p.					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL								1 - 7 - 1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	СОМР	LIAN	ICE	1		10551	ATION:	חווייייייייייייייייייייייייייייייייייי	\\.	
I hereby certify that the rules and regula						JIL CON	ISERV	AHON	DIVISIC	NΙ	
Division have been complied with and	that the infor	nation give		:				MAY 4	4 1002		
is true and complete to the best of my knowledge and belief.					Date	Approve	hd	MAY 1	4 1333		
					{	• •					
	1				ll Rv	ORIGINA			NOTECT		
Signature			4		Ву	#]4	*	·9			
GARY J Sarbacz	vice Pr	<u>reside</u>	r.t Title		Title						

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

-, 5/6/93

(405) 789-5053

- 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.