Submit 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	IO IR	ANSPORT OF	L AND NA	HUHAL G	AS			
Operator Avra Oil Compan	ny				API No. -025-27416			
Address P.O. Box 3193	Mic	lland, TX 7	9702					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change i Oil (2) Casinghead Gas	n Transporter of: Dry Gas Condensate	Ot	ner (Please expl	ain)			
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name Williams Well No. Pool Name, Include East Bisho			ting Formation Kind op Canyon (San Andres) المراجة			of Lease No. Federal or Fee		
Location Unit LetterG	. 1980	Feet From The	North Li	1660) _		East	· .
Section 11 Townshi	18S	Range 38E			r	et From The		Line County
III. DESIGNATION OF TRAN				WH IVI,				County
Name of Authorized Transporter of Oil x or Condensate Navajo Refining Company			Address (Gi			copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas			P.O. Box 159 Artesia, NM 882 Address (Give address to which approved copy of this form is to					
GPM Gas Cor If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When			?		
If this production is commingled with that i	from any other lease or	pool, give comming	ling order num	ber:				
IV. COMPLETION DATA	Oil Well	Gas Well	L Non West	1 3V. 1	1 5	I a		
Designate Type of Completion	- (X)	L Gas Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	·	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
HOLE SIZE CASING & TUBING S			CEMENTING RECORD DEPTH SET		SACKS CEMENT			
			JET THI GET			SACKS CEMENT		
					-	ļ		
V. TEST DATA AND REQUES OIL WELL Test must be after re								
Date First New Oil Run To Tank	Date of Test	oj ioad oii and musi		exceed top alloethod (Flow, pw			or full 24 hour	s.)
Locath of Tax								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL			!					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that 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 besit of my knowledge and belief.			OIL CONSERVATION DIVISION Date ApprovedFEB_2_8_1994					
Signature Sandra Spratt Agent Printed Name Title			ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
2-25-94 Date	(915)682-		Title					

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.