Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Ariesia, 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

If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Speaked  Date Compl. Reedy to Prod.  Date Speaked  Date Compl. Reedy to Prod.  Date Speaked  Date Compl. Reedy to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, sec.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  It at must be after recovery of total volume of load oil and must be aqual to or exceed top allowable for this depth or be for full 24 hours.)  Date first New Oil Rue To Tank  Date of Test  Tubing Pressure  Casing Pr	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	.o REQI	UEST F	OR AI	LLOWA	RIFAND	ALITHOR	<b>!</b> フልエ!へん	1			
Man Name									•			
P. O. Box 2107/Roswell, NM 88202-2107	Operator					Well API No.						
Canada   Care   Compare Aust   Care			J 001/	00-04	07							
Recompletion   Caringheed Cos   Cacingheed Cos   Cacing	Reason(s) for Filing (Check proper box	Mell' IAV	VI 8820	J2-21	07	Ou	het (Please exp	لمنط				
Cause of Operators    Cause of Operators   Cause of Personal		0.0					•	·				
IL DESCRIPTION OF WELL AND LEASE  LIASE Name  Bobbi  LIASE NAME  LIASE NAME  Bobbi  LIASE NAME  LIASE NAME  Bobbi  LIASE NAME  LIASE NA	, —		_	-								
Lease Name   Robbi	If change of operator give name					<del></del>				· · · · · · · · · · · · · · · · · · ·		
BODD   4 W. Ark. Junct. San. And.   San.   S		L AND LE										
Unit Lesser   1650   Feet From The   South   Lise and   990   Feet From The   Viest   Lise						-		Kind State	of Leuc			
Section 20 Township 185 Range 36E NOPM Lea Courty  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Township of Condensed Page 1 Address (Give address to which approved copy of this form is to be sent)  Navalo Ref ining Company  Navalo Ref ining Company  Navalo Ref ining Company  Name of Authorized Transporter of Casinghest Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  If well pronounce of or Uquida, Uhus Sec. Top. Rgs age actually connected? When 7  If well pronounce of or Uquida, Uhus Sec. Top. Rgs age actually connected? When 7  If well pronounce of actual to the food may other lease or pool, give communiquing order authors:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Dus Spachod Dase Compl. Ready to Prod.  Designate Type of Completion - (X)  Name of Producing Formation  Top OliCat Psy  Tubing Depth  P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING THE North Producing Formation Chair Producing Forma			4	<u>w.</u>	Ark. J	unctSa	n. And.		******	K   LG-	1869	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cut of Concessions   Address (Give address to which approved copy of this form is to be saw)  Nava of Authorized Transporter of Cut of Concessions   Address (Give address to which approved copy of this form is to be saw)  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava of Authorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  Nava Outhorized Transporter of Cut of Concessions   P.O. Drawer 159, Artesia, NM 88210  National Production Clerk   P.O. Drawer 159, Artesia, NM 88210  National Production Clerk   P.O. Drawer 159, Artesia, NM 88210  National Production Clerk   P.O. Drawer 159, Artesia, NM 88210  National Production Clerk   P.O. Drawer 159, Artesia, NM 88210  National Production Clerk   P.O. Drawer 159, Artesia, NM 88210  National Production Clerk   P.O. Drawer 159, Artesia, NM 159, Artesia, NM	Unit Letter	:165	0	Feat Fro	om The _S	outh Lie	9	90 r	eet From The _	West	line	
Name of Authorized Transporter of Other Company Name of Authorized Transporter of Company Name of Authorized Transporter of Company Name of Authorized Transporter of Canaghased Gas	Section 20 Towns	hip 18S		Range	36	E N	мрм,	L	ea		County	
Name of Authoritied Transport of Casingheed Gas	III. DESIGNATION OF TRA	NSPORTE	r of oi	L ANI	D NATU							
Name of Authorized Transporter of Casingteed Gas	time of Authorized Transporter of Oil Ty or Condensals					Address (Give address to which approved copy of this form is to be sent)						
West produces oil or liquids, pre bosones oil or liquids, pre bosones of lease.   Link   Sec.   Twp.   Rgs.   Link   Sec.   Rgs.   Rgs.   Link   Sec.   Rgs.   Rg					Cas							
If this production is toominglied with that from any other lease of pool, give communiquing order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Special Type of Completion - (X)  Date Special Date (Type of Completion - (X)  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  DILL WELL  Test must be after recovery of lead violance of food and and must be equal to or accessed top allowable for this depth or be for full 24 hours.)  Date of Test  Leagth of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Chair Producing Method (Flow, pump, gar lift, sec.)  Consideration  Casing Pressure  Chair Pressure  Chair Size  OIL CONSERVATION DIVISOR  Date Approved  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Trile  Title  June 27, 1989  505/623-1996	16. 0						*					
(four production is commissive with that from any other lease or pool, give commissing order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Gas Well  New Well  Workover  Despue  Phys Back Same Real' Dat Real'  P.B.T.D.  Des Spanise  Date Compl. Ready to Pool.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tubing Depth  Performance  Tubing Casing And Cementing Record  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKING A TUBING SIZE  DEPTH SET  Casing Pressure  Choice Size  C	sine location of traper	Unit				le gae actually	y connected?	When	2 7			
Designate Type of Completion - (X)  Dute Speaked  Dute Compl. Restly to Prod.  Total Depth  P.B.T.D.  Despeaked  Dute Compl. Restly to Prod.  Total Depth  Total Depth  P.B.T.D.  Despeaked  Depth Canage Secret  Tubing Depth  Depth Canage Secret  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  Test must be upter recovery of local volume of local citi and must be appeal to or exceed top allowable for this depth or be for full 24 hours.)  Date fire New Oil Rus To Toak  Date of Test  Tubing Pressure  Casing	If this production is commingled with the IV. COMPLETION DATA	s from any other				ling order sumi	ber:					
Date Speaked  Date Comple Ready to Proc.  Total Depth P.B.T.D.  Elevations (DF, REB, RT, GR, etc.)  Name of Producing Formation Top Oxides Pay Tubing Depth Depth Causing Stock  TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (I set must be after recovery of total volume of load ail and must be aqual to or exceed top allowable for this depth or be for full 24 hours.)  Date Fire New Oil Rus To Tank Date of Test Tubing Pressure Casing Pressure Choice Size  Could Proc. During Test Oil - Bibls.  Water - Bibls.  GLAF MCF  CAS WELL  CALL Proc. Test - MCF/D Leagth of Test Division have been compiled with each that the information gives above to true and compiles to the best of my knowledge and belief.  Division have been compiled with act that the information gives above to true and compiles to the best of my knowledge and belief.  Dispense  Oil CONSERVATION DIVISION BY DISTRICT I SUPERVISOR Title Title June 27, 1989 505/623-1996  Title Title  Title		. ~	Oil Well	G	as Well	New Well	Warkover	Deepea	Plug Back	Same Res'v	Daff Res'v	
Elevations (DF, RKB, RT, GR, sec.)  Name of Producing Formation  Top Od/Gas Pay  Tubing Depth  Depth Casing Store  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  ACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Test must be after recovery of local column of local and must be aqued to or access top allowable for this depth or be for full 24 hours;  Date from New Oil Rus To Task  Date of Test  Tubing Pressure  Casing Pressure			Reedy to	Prod		Total Deceb	<u> </u>	<u> </u>	ļi		<u>i</u>	
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  ACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  III. WELL  Trus must be after recovery of total volume of load oil and must be aqual to or acceed top allowable for this depth or be for full 24 hours.)  Date first New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gast lift, etc.)  Casing Proseure  Choice Size  Choice Size  Choice Size  Tubing Preseure (Shue-in)  Tubing Preseure (Shue-in)  The production have been compiled with and that the information given above in true and compiles to the beat of my knowledge and belief.  Date Approved  By  ORIGINAL SIGNED BY JERRY SEXTON  By  Title  June 27, 1989  Title  Title									P.B.T.D.			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS ACKS CEMENT  ACKS CEMENT  ACKS ACKS ACKS CEMENT  ACKS ACKS ACKS CEMENT  ACKS ACKS ACKS ACKS ACKS ACKS ACKS ACKS	Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, stc.) Name of Producing Formation					Pay		Tubing Depth			
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  SACKS CEMENT  S	Performions					l <u>.</u>		<del></del>	Depth Casing	Shoe		
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  SACKS CEMENT  S		n	UBING, C	CASIN	G AND	CEMENTO	NG RECOR	D		· <u></u>		
DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allomable for this depth or be for full 24 hours.)  Less the New Oil Rue To Tank  Due of Test  Producing Method (Flow, pump, gas lift, esc.)  Length of Test  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Condensate/MACF  Casing Pressure (Shut-in)  Choke Size  Choke Size  Condensate/MACF  Conden	HOLE SIZE								SACKS CEMENT			
DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allomable for this depth or be for full 24 hours.)  Less the New Oil Rue To Tank  Due of Test  Producing Method (Flow, pump, gas lift, esc.)  Length of Test  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Condensate/MACF  Casing Pressure (Shut-in)  Choke Size  Choke Size  Condensate/MACF  Conden		<del></del>					·					
DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allomable for this depth or be for full 24 hours.)  Less the New Oil Rue To Tank  Due of Test  Producing Method (Flow, pump, gas lift, esc.)  Length of Test  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Condensate/MACF  Casing Pressure (Shut-in)  Choke Size  Choke Size  Condensate/MACF  Conden										<del></del>		
DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allomable for this depth or be for full 24 hours.)  Less the New Oil Rue To Tank  Due of Test  Producing Method (Flow, pump, gas lift, esc.)  Length of Test  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Condensate/MACF  Casing Pressure (Shut-in)  Choke Size  Choke Size  Condensate/MACF  Conden	. TEST DATA AND REQUE	ST FOR A	LLOWA	RLE								
Date of Test    Date of Test   Producing Method (Flow, pump, gas lift, etc.)	OIL WELL (Test must be after				and must	be equal to or i	exceed top allo	able for thi	s depth or be fo	r full 24 hours	r.)	
CAS WELL  CHAIN Prod. Test - MCF/D  Length of Test  Mater - Bbls. Condensate/MO/CF  Gravity of Condensate  Chaing Presents (Shut-in)  Chaing Presents (Shut-						Producing Method (Flow, pump, gas lift, etc.)						
CAS WELL  Length of Test  Bible Condenses/MO/CF  Gravity of Condenses  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Congressive (Shut-i	ength of Test	Tubing Press	Tubing Pressure			Chaing Proseur	18		Choke Size			
CAS WELL  Length of Test  Bible Condenses/MO/CF  Gravity of Condenses  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Congressive (Shut-i	Actual Prod. Durine Test	Oil - Bhis				Water Date			Con MCE			
Leagth of Test  Method (pitot, back pr.)  Tubing Pressure (Shus-in)  Tubing Pressure (Shus-in)  Caring		Ou - But				Water - Dott			GZS- MCI			
T. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservations Division have been complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DATE DATE OF COMPLIANCE  OIL CONSERVATION DIVISION DIVISION DIVISION DIVISION DIVISION DATE DATE DATE DATE DATE DATE DATE DATE	GAS WELL											
I. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservations Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  ORIGINAL SIGNED BY JERRY SEXTON  By	Citied Prod. Test - MCF/D	Leagth of Test				Bbls. Condensate/MOVICF			Gravity of Condensate			
I hereby certify that the rules and regulations of the Oil Conservation Divinion have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISIONS  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  By	naing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I hereby certify that the rules and regulations of the Oil Conservation Divinion have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISIONS  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  By	T. OPERATOR CERTIFIC	ATE OF	CONTO!	Y A NIC			· · · · · · · · · · · · · · · · · · ·	_	<u> </u>			
Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  Signature Production Clerk  Primed Name June 27, 1989  505/623-1996  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  By	I hereby certify that the rules and regul	ations of the Oi	Conservat	ion	.E	0	IL CONS	SERVA	TION D	IVISIO	doo	
Date Approved	Division have been complied with and is true and complete to the best of my !	that the information and	ntion given : belief,	<b>above</b>	l	_			JUI	4 Z 9 R	<b>489</b>	
Production Clerk  Printed Name  June 27, 1989  Signature  U  District   SUPERVISOR  Title  Title  Title		_				Date /	Approved			renay cev	(TON	
Production Clerk  Printed Name  June 27, 1989  505/623-1996  Title  Title		Ollins				By		ORIGINAL	SIGNED BY TRICT I SUP	JEKKT SEA ERVISOR		
June 27, 1989 505/623-1996 Intle	Production Clerk	· ·				·				7		
	• • • • • • • • • • • • • • • • • • • •	505/6				Title_	•			<del></del>		
	Date											

## 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) Senarate Form C-104 must be filed for each nool in multiply completed wells

RECEIVED

JUN 28 1989

OCD HOBBS OFFICE