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

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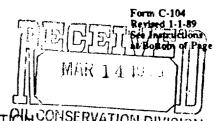
DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



Designate Type of Completion - (X) Oil Well 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 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 toad oil and must be equal to or exceed top allowable for this depth or be for full 24 hours; Determine New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate	1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST E		RI F AND AL	ITHORI	ZATRIKI	CONSERVA	TION DIV	11000 M
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Name of Authorized Transporter of Oil — Y or Condensus — Dept. Authors (Give address to which approved copy of the form of the series) — P. O. Box 1.183. HOLLS on Y. 77.251—1.183 Name of Authorized Transporter of Casinghead Gas Company P. O. Box 1.183. HOLLS on Y. 77.251—1.183 Name of Authorized Transporter of Casinghead Gas Company P. O. Box 1.183. HOLLS on Y. 77.251—1.183 Name of Authorized Transporter of Casinghead Gas Company If well produces on or liquids, Utility Sec. Typ. Rec. If you set active which approved copy of this form us to be zero) If well produces on or liquids, Utility Sec. Typ. Rec. If you set active you have been seen you for your commenced. When Y yes is gas setually connected? When Y yes is gas setually connected and produce the yes in the yes and yes in the yes yes in the yes of the yes in yes in the yes yes in yes in yes in yes yes yes in yes a setually connected. When Y yes is gas setually connected and yes in yes yes in yes in yes yes yes in yes	Section 11 Townshi	_{ip} 185	Range 38E	, NMP	М,	LEA			County
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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
- 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.

RECEIVED

MAR 14 1989

OCD HOBBS OFFICE

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