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

State of New Mexico ergy, Minerals and Natural Resources Departs

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Sant			x 2088 xico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQU T	EST FOI	R ALLOV	WAB OIL	LE AND A	NUTHORIZ TURAL GA	S				
Operator							Well A				
FLOYD OPERATING COMPANY							30-0	25-29279			
711 LOUISIANA, STE 1740, H	OUSTON,	TX 77002									
Reason(s) for Filing (Check proper box)		Change in T	manager of		U Othe	r (Please expla	m)				
New Well Recompletion	Change in Transporter of: Oil Dry Gas										
Change in Operator	Casinghead		Condensate								
16.)	ENERGY	COMPANY	γ, P.O. E	30X :	2880. DAI	LAS, TX	75221-2	880		······························	
II. DESCRIPTION OF WELL AND LEASE							Viada	of Lease No.			
Lease Name						ONE SODING	State,	Federal or Fee		63645	
MESCALERO RIDGE FEDERAL	. इतः	1 MESCALERO ESCARPE BO					FEDE	HAL			
Unit Letter B	:330	F	eet From Th	e NO	RTH Line	and 2030	Fe	et From The E	EAST	Line	
Section 13 Township	, 18	is _F	Range 33E		, NN	ирм,		LEA		County	
THE PROPERTY WAS A PROPERTY OF THE AM	CDADTE		AND N	. TT II	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATI TEXAS NEW MEXICO PIPE					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 42130, HOUSTON, TX 77242						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Duly 1 105 66 Mat 1 1841 GAS CO					Address (Give address to which approved copy of this form is to be sent) 444 HS & L BLDG, BARTLESVILLE, OK 74004						
If well produces oil or liquids, Unit Sec. Twp. Rge per facility Vitante bruary 1, 1992 B 13 18S 33E					Is gas actually		When	?			
If this production is commingled with that i		r lease or po	ol, give com	uningl	ing order numb	per:					
IV. COMPLETION DATA		louw n	- C - W		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas W	CII	I Mem Mell	WORKOVE	Deepen	I lug Dack	Same Res v		
Date Spudded	Date Compl. Ready to Prod.			-,	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas 1	Pay		Tubing Depth			
Perforations					L			Depth Casing Shoe			
	<u>_</u>	UBING. C	CASING A	AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE						DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				- 6.1 - A al.!		' 6.11 24 kau	1	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Tes		fload oil and	musi	Producing Me	ethod (Flow, pu	mp, gas lift, e	ic.)	or juit 24 nou	vs.,	
Length of Test	Tubing Pressure				Casing Pressa	ıre		Choke Size			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.							<u> </u>			
GAS WELL								<u> </u>		-, , , . 	
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 CERTIFIC	ATE OF	СОМРІ	JANCE		<u></u>			A 71.004	D 11 41 C 1 C		
I hereby certify that the rules and regul-	ations of the	Oil Conserva	tion			OIL CON	ISERV	AHONI	DIVISIC	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedDEC 2 2 '92						
(All Blil					ORIGINAL SIGNED BY JERRY SEXTON						
Signature In n	nac		·····		By_	OKIGIANI	SIGNED S	PERVISOR			
JOHN N. BLACK	<u> </u>		V.P.		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.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

EXEC. V.P. Title

(713) 222-6275 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.

12-11-52

Printed Name

Date