Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources De, atment

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	10	JIHAN	SPORT OF	L AND NA	TURAL G					
Operator Floyd Operation	g Compa	any				1	Well API No. 30-025-31053			
Address 711 Louisiana,	Suite	1740,	, Housto	n, Tex	as 7700) 2				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Oil Casinghead (Zas Co	ondensate		ner (Please expl	,				
and address of previous operator			mpany, I	P.O. Bo	x 2880	, Dalla	as, Tex	kas 752	221-2880	
II, DESCRIPTION OF WELL Lease Name			vi Name Jackyd	ing Comption						
Mc Alpine Federal		1	xol Name, Includ EK Dela	-			Kind of Lease State, Federal or Fee		NM0 4591	
Unit LetterE	: 1830 Feet From The North Line and 660						Feet From The Line			
Section 19 Townshi	, 18S	Ra	.34/ inge -331	я, ^З		T.e.a				
III. DESIGNATION OF TRAN	SPORTER			RAL GAS		··			County	
Name of Authorized Transporter of Oil Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, OK 74003									
Name of Authorized Transporter of Casing Conoco Inc.				copy of this form is to be sent) Dallas, TX 88240						
If well produces oil or liquids, give location of tanks.	Unit Se	, .	vp. Rge. 1881 331	Is gas actually connected?		Whee				
If this production is commingled with that IV. COMPLETION DATA	rom any other	lease or poo		L	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Data Compi. I	Ready to Pro	×r.	Total Depth	<u> </u>	l	P.B.T.D.	l		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING AND					NC RECOR	<u> </u>				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL Test must be after to										
OIL WELL Test must be after re Date First New Oil Run To Tank	Date of Test	volume of l	oad oil and must	Producing Me	exceed top allowhood (Flow, pu	mable for this mp. gas lift, e	s depth or be j uc.)	for full 24 how	rs.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbla.			Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	MCF/D Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-ia)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I 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 best of my knowledge and belief.				OIL CONSERVATION DIVISION Date Approved DEC 3 1'92						
Signature Gregory J. Fox, Manager of Production Printed Name 12/28/92 (713) 222-6275 Date Telephone No.				By CRIGINAL MENSOR BY JERSON DISTRICT CLUSTRANGE Title						
The Company of the Co	et :					8 ,				

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.