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

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 TO TRANSPORT OIL AND NATURAL GAS

							Veii API No. 30-025-31513		
P.O. Box 51810, N	Midland, T	7971	0-1810						
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate					AX Other (Please explain) REQUEST FOR TEST TO MOVE CONDENSATE RECOMPLETION PAPERWORK FORTHCOMING 1000 Colls May 1993				
and address of previous operator IL DESCRIPTION OF WELL	AND LEASE			<u>.</u>					
Lesse Name South Corbin Federal Well No. Pool Name, including 3 South Co				ing Formation Orbin Morrow			of Lease , Federal or Fee	Lease No. NM-61604	
Unit Letter P : 554 Feet From The South Line and 554 Feet From The East Line									
Section 20 Township 18S Range 33E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas \(\begin{array}{c}\) Address (Give address to which approved copy of this form is to be sent)									
GPM Gas Corporation	Unit Sec. Twp. Rge.			4001 Penbrook St., (Odessa TX 79762		
If well produces oil or liquids, give location of tanks.	Omi Sec	l I Wp.	, kge.	Is far active	y comected:	Whe	u <i>t</i>		
f this production is commingled with that it. V. COMPLETION DATA	from any other leas	e or pool, (give comming!	ing order num	жег:				
Designate Type of Completion	- (X) Oil	Well	Gas Well X	New Well	Workover	Deepen X	Plug Back S	ame Res'v Diff Res'v	
Date Spudded	Date Compi. Ready to Prod. 2-17-93			Total Depth 13,615			P.B.T.D.		
1-26-93 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	on	Top Oil/Gas Pay			13,604 Tubing Depth			
3806' GR Morrow				13,484'				3½"@10,657.89'	
Perforations 13,484 - 13,542'							Depth Casing	Depth Casing Shoe	
TUBING, CASING AND C HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT	
17½"	13 3/8"			395'				425 sxs - surf.	
12½"	8 5/8"			2916.71'				1200 sxs - surf.	
7 7/8"	512"			11,500'				1200 sxs - T0C02410'	
4 3/4" Liner 35" - TOP10.655' BTM - 13.615' 175 sxs TOC@10.800'									
7. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 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, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF	
GAS WELL				-					
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Con	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	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				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved MAY 0 6 1993					
SignNA WILLIAMS Production Assistant				By Paul Kautz Geologist					
Printed Name Title					<u>G</u> eo10.			<u> </u>	
5/3/93 Date	915-688-6	943 Telephone	No.						

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.