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 at Bottom of Page

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

• Operator				JAT OIL		Wall A DI	No. 25 <del>-21560</del>	- 6010	1
Rover Operating, Inc.						30-04	- <del></del> -	Ud-15	16
Address 17618 Davenport Drive	, Suit∈	<u> </u>	Dalla	as, TX					
Reason(s) for Filing (Check proper box)					Other (Please explain	n)			
New Well		Change in	-						
Recompletion $\square$	Oil	46	Dry Gas		Effective	May 1,	1993		
CIENTO III OPIII		ad Gas			E612 DTC Parlman	#750 Fp	al awood	CO 801	55
nd accress of previous operator			tion,	Inc.	5613 DTC Parkway,	1730 EII	grewood,		
I. DESCRIPTION OF WELL	N OF WELL AND LEASE Well No.   Pool Name, Include			ing Formation King		nd of Lease No.			
Lease Name Phillips Lea				acuum Grayburg San Andres			State, Federal or Fee B4118		
Location		<u> </u>					,	<u></u>	
Unit Letter M	_ :3	30	_ Feet Fn	om The _	South Line and 330	Feet I	rom The	Vest	Line
Section 31 Townshi	ip 17	<u>S</u>	Range	34E	, NMPM, Le	ea			County
II. DESIGNATION OF TRAN	SPORTE	ER OF C	IL AN	D NATU	RAL GAS				<del></del>
Name of Authorized Transporter of Oil SWD		or Conde	male		Address (Give address to who	ich approved co	by of this form	i is lo be seni,	,
Name of Authorized Transporter of Casin	ighead Gas		or Dry	Gas	Address (Give address to wh	ich approved co	by of this form	is to be sent	)
SWD				_,		·····			<u></u>
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When ?	When ?		
f this production is commingled with that V. COMPLETION DATA	from any of	her lease or	r pool, giv	re comming	ling order number:				
Designate Type of Completion		Oil Wel	11   (	Gas Well	New Well   Workover	Deepen I	Plug Back   Sa	me Res'v	Diff Resiv
Date Spudded		npl. Ready (	to Prod.		Total Depth	i F	.B.T.D.		·
•	7								
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay	1	Tubing Depth		
Perforations							epth Casing S	Shoe	
	<del></del> ,	TUBING	L CASE	NG ANT	CEMENTING RECOR	D			
HOLE SIZE					DEPTH SET		SACKS CEMENT		
TOLE VILL	† <u></u>							-	
_ · _									
T TECT DATA AND DECLE	CT FOR	ALLON	VARIE						
V. TEST DATA AND REQUE OIL WELL (Test must be after	SIFUK.	ALLUN total volum	i iNDLLE ve of load	oil and mu	it be equal to or exceed top allo	owable for this a	lepth or be for	full 24 hours	s )
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pu	ımp, gas lift, etc	)		
Part the tion on the to take	5.00						<del></del>		
Length of Test	Tubing Pr	ressure			Casing Pressure		Choke Size		
Actual Prod. During Test	Oil BH	Oil - Bbls.			Water - Bbls.		Gas- MCF		
ACTUAL LIGHT DALLINK 1690	10/11 * 15/11/					I .			
		-							
GAS WELL									Manual Control of the
	Length of				Bbis. Condensate/MMCF		Gravity of Cor	ndensale	
GAS WELL			ıu-in)		Bbis. Condensate/MMCF  Casing Pressure (Shut-in)		Gravity of Cor Choke Size	ndensale	
GAS WELL Actual Prod. Test - MCF/D Testing Method (puot, back pr.)	Tubing P	Test ressure (Sh						ndensale	and the second sec
GAS WELL Actual Prod. Test - MCF/D Testing Method (puot, back pr.)	Tubing P	Test ressure (Sh		NCE	Casing Pressure (Shut-in)		Choke Size		·
GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regrees	Tubing P	ressure (Short COM	IPLIA!				Choke Size	 DIVISIO	
GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regression have been complied with an	Tubing P CATE O ulations of the	ressure (Short COM) F COM ne Oil Cons formation g	IPLIAI servation given abov		Casing Pressure (Shut-in) OIL CON	NSERVA	Choke Size		
GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regrees	Tubing P CATE O ulations of the	ressure (Short COM) F COM ne Oil Cons formation g	IPLIAI servation given abov		Casing Pressure (Shut-in)	NSERVA	Choke Size TION D	 DIVISIO	
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GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regr Division have been complied with an is true and complete to the best of my  Signature	Tubing P CATE O ulations of the difference of the control of the c	Test Pressure (Sh	IPLIA! servation given abov	ve	Casing Pressure (Shut-in) OIL CON	NSERVA	TION D	 DIVISIO	
GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regr Division have been complied with and is true and complete to the best of my  Signature  David Hanger	Tubing P CATE O ulations of the difference of the control of the c	ressure (Short COM) F COM ne Oil Cons formation g	IPLIA! servation given abov	ve	Casing Pressure (Shut-in)  OIL CON  Date Approve	NSERVA	TION D	 DIVISIO	
GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regr Division have been complied with an is true and complete to the best of my  Signature	Tubing P CATE O ulations of the dithat the inf y knowledge Vic	F COMme Oil Construction grand belief.	IPLIA! servation given abov  eside Title	nt	Casing Pressure (Shut-in)  OIL CON  Date Approve	NSERVA	TION D	 DIVISIO	

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.