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

State of New Mexico Energy, Minerals and Natural Resources Departme

Form C-104
Revised 1-1-89
See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IQ IRA	4N21	PORT	OIL	. ANU NA	TURAL G	AS					
Operator With									APINO. 025 99020 : 02,445				
Address P. O. Box 730 Hobbs, Nev	w Mexico	8824	0-25	28	 			<u></u>					
Reason(s) for Filing (Check proper box)						X Out	es (Please expl	air)					
New Well		Change is	Tenne	norter of			FECTIVE 6	-		•			
Recompletion Change in Operator		V			\equiv								
If change of operator give name	Casinghead			lensate	<u> </u>	700							
and address of previous operator	CO Produ		<u>c.</u>	Р. О.	. BO	x 730	<u>Hobbs, Ne</u>	w Mexico	88240-	2528			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Included						as Formation		Kind	of Lease No.				
1						MBURG SAM	ANDRES	State,	State, Federal or Fee 857943				
Location	. bli	$\overline{}$			5.		e and 62) /)		Wes	_ ↓_		
Unit Letter	:					Lin	e and	<u> </u>	set From The	wes	≥ / Line		
Section 30 Township 17S Range 35E , 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)													
Mobil Pipeline Company							Texas New Mexico Pipeline Co.						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.						Address (Give address to which approved copy of this form is to be sent) + GPN Gas Coppanies 66 National Date Copyrugy 1, 1992							
If well produces oil or liquids, Unit Unit Unit E		Sec. Twp				is gas actually connected? YES			When ? 08/0				
If this production is commingled with that f					 -					701770			
IV. COMPLETION DATA	ioni any one		P~~, 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ing Groce name							
Designate Type of Completion - (X)		Oil Well		Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compil. 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							· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe				
									<u> </u>	_			
TUBING, CASING AND						CEMENTI	NG RECOR	D					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT				
						, 			 -				
													
V. TEST DATA AND REQUES									<u> </u>				
OIL WELL (Test must be after re	covery of tole	al volume	of load	toil and						or full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Test					Producing Method (Flow, pump, gas lýt, etc.)							
Length of Test	Tubing Pressure				Casing Pressu	ne		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		·	Gas- MCF					
GAS WELL	· · · · · · · · · · · · · · · · · · ·									•			
Actual Prod. Test - MCF/D Length of Test						Bbls. Conden	sale/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE			NI 001	10551	·	<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved							
J.m.m.iller	-					Date	• •						
Signature K. M. Miller Div. Opers. Engr.					-	By Control of the Branch Section By The Branch By							
Printed Name Title May 7, 1991 915–688–4834						Title.				· 			
May 7, 1991 915-688-4834													

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.