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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>I &amp; W TRANSPORTATION INC.</u>		Well API No. <u>30-025-03850</u>
Address <u>P.O. Box 939 LEWINGTON N.M. 88260</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>SALT WATER DISPOSAL</u>		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <u>ARABO INC. P.O. Box 937 LEWINGTON, N.M. 88260</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LE. STATELC2</u>	Well No. <u>#2</u>	Pool Name, Including Formation <u>ABO FORMATION (SWD)</u>	Kind of Lease (State) Federal or Fee <u>State</u>	Lease No. <u>UNKNOWN</u>
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>WEST</u> Line and <u>1650</u> Feet From The <u>NORTH</u> Line Section <u>2</u> Township <u>17</u> Range <u>36</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of O	O-TRNSP. OGRID NO.	ved copy of this form is to be sent)
Name of Authorized Transporter of C	C-TRNSP. OGRID NO.	ved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	OIL POD NO.	en ?
	GAS POD NO.	

If this production is commingled with

IV. COMPLETION DATA

Designate Type of Completion - (X)			Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. 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		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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
OPER. OGRID NO. <u>10877</u>		Water - Bbls.	Gas- MCF
PROPERTY NO. <u>15694</u>			
POOL CODE <u>96091</u>		Bbls. Condensate/MMCF	Gravity of Condensate
EFF. DATE <u>9-15-94</u>		Casing Pressure (Shut-in)	Choke Size
API NO. <u>30-025-03850</u>			

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.

George Parchman  
Signature  
George PARCHMAN MGR.  
Printed Name  
9-19-94 505-396-3331  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 21 1994

By LEWINGTON

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.
- 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.