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Appropriate District Office
DISTRICT I
P.O. Eox 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

## **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REQ					BLE AND L AND NA								
Operator							Weil AM No.							
Bison Petroleum Corporation Address							3002505398							
5809 S. Western Su	iite 20	O, Ama	ril	lo,	Texa	s 7911	0-360	7						
Reason(s) for Filing (Check proper box)							icr (Plea	se expl	ain)	_	· · · · · · · · · · · · · · · · · · ·			
New Well	Oil	Change in	n 1 rai			Effe	ctive	0ct	ober 1,	1992				
Change in Operator X	Casinghe	_		ndens										
If change of operator give name and address of previous operator	noco,	Inc.	РО.	Вс	ox 460	Hobbs,	New M	exic	o 8824	0			·	
II. DESCRIPTION OF WELL	AND LE	ASE												
Lease Name Well No. Pool Name, Includ										of Lease No. FENCHANNIEN E8636-1				
Lowington 1 Lovingto						on Paddock State,				Federal Marker E8636-1				
Unit LetterA	, 3	30	E.	ı Em	m The	North Lin	e and	99	10 E.	et From The	Eas	r	Line	
out Land	- · <del></del>		_, 1 CC	a rio		ы	canu		re	æt Flom The			Lile	
Section 5 Townshi	p 17S		Rar	nge	37E	, N	МРМ,		Lea				ounty	
III. DESIGNATION OF TRAN	SPORTE	ER OF O		AND	NATU									
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2582, Hobbs, NM 88240													
Conoco, Inc. Accepted Name of Authorized Transporter of Casing					NM 8824 copy of this j		seni)							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas GPM Gas Corporation						4044 Penbrook, Odessa,								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw	•		Is gas actual	-	ted?	When	?				
If this production is commingled with that	from any oth	5 her lease or		7S give			les ben							
IV. COMPLETION DATA			poo.,	, B		<b>,</b> 5.55			······································					
Designate Type of Completion	- (X)	Oil Well	1	G	as Well	New Well	Worke	over	Deepen	Plug Back	Same Res'v	Din	f Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Top Oil Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe				
1015.075	T	TUBING, CASING AND CASING & TUBING SIZE					CEMENTING RECORD  DEPTH SET				SACKS CE	ACNE		
HOLE SIZE	PIOLE SIZE OASING & TOBING SIZE						DEPIN	361		SAONS SEMENT				
	ļ													
V. TEST DATA AND REQUES	T FOR A	ALLOW.	ĀBL	E	<u></u>	1	· · · · · · · · · · · · · · · · · · ·			L				
OIL WELL (Test must be after re					l and must	be equal to or	exceed t	op allo	wable for this	depih or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of Te	st		-		Producing M	thod (Fl	оw, ри	mp, gas lift, e	ic.)				
Length of Test	Tubing Pressure					Casing Press	ıre			Choke Size				
Actual Prod. During Test	During Test Oil - Bbls.					Water - Bbls.				Gas- MCF				
Actual Floor During Tool	On - Bois.													
GAS WELL														
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COM	) I /		~E	1			<del></del>	I	<del></del>			
I hereby certify that the rules and regula					ناب	(	OIL C	ON	ISERV/	NOITA	DIVISI	NC		
Division have been complied with and t	that the infor	rmation give									OCT 2	1'92		
is true and complete to the best of my k	nowledge at	nd belief	(			Date	Appr	ove	b		<del></del>			
Esquer ()	100	the	2					OH	z. Signed	b <b>g</b>				
Signature Bruce O. Barthel, P	racida	<del></del>				∥ By_		- P	g. Signed aul Kaut	<del>-</del>				
Printed Name			Title			Title		1	Geologist					
10-16-92 Date	(806)		) [8] phone						····, ·= · · ·					

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
- 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.