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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NSP	ORT OIL	AND NA	TURAL G	AS				
Operator	Well API No.										
F & M OIL AND O	SAS COMPA	NY					3	0-025-0	7302		
Address P.O. Box 891, N	Midland,	texas	7970	)2-0891							
Reason(s) for Filing (Check proper box)					Ot	her (Please expl	lain)				
New Well	(	Change in	Transpo	orter of:							
Recompletion	Oil	x	Dry Ga	18	E	ffective	Decembe	r 1, 199	91		
Change in Operator	Casinghead	Gas 🔲	Conder	182te							
If change of operator give name		*****		<del>- · · · · · · · · · · · · · · · · · · ·</del>							
and address of previous operator				<del></del>							
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includi									Kind of Lease No		
H. V. Black	owles Devonian State			Federal or Fee							
Location											
Unit Letter K	: 198	0	Feet Fr	om The	South Li	ne and _1980	) Fe	et From The	West	Line	
Section 13 Towns	hip 17	S	Range	38	E , N	ІМРМ,	LEA			County	
III. DESIGNATION OF TRA				D NATU				····			
Name of Authorized Transporter of Oil X or Condensate  Scurlock Permian Corporation						Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Texas 77210-4648					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Used on leave	<u>,                                      </u>										
If well produces oil or liquids,	Unit S	Sec.	Twp.	Rge.	is gas actual	ly connected?	When	?			
give location of tanks.					<u></u>						
If this production is commingled with the	it from any other	r lease or	pool, giv	e commingl	ing order nun	nber:					
IV. COMPLETION DATA											
Designate Type of Completion	n - ( <b>Y</b> X)	Oil Well	(	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
					<u> </u>	1	1	,-			
Date Spudded	Date Compl.	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elemeticas (DE BVD DT CD)	N				Top Oil/Gas Pay			<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ray		Tubing Depth			
Perforations					l			Doub Cosin	- Chan		
								Depth Casin	g Shoe		
<del></del>	77	IDING	CASD	NIC AND	CEMENT	NC DECOR		<u> </u>			
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS SEMENT		
TIOLE SIZE	UA31	CASING & TUBING SIZE				DEF IN SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·											
	<del> </del>	<del></del>									
	<del></del>										
V. TEST DATA AND REQUI	ST FOR AL	LOWA	BLE		1			1		· · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after				oil and must	be equal to o	r exceed top allo	owable for this	denth or he	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			lethod (Flow, pu			0, 12, 102		
Length of Test	Tubing Press	Tubing Pressure				ure	-	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
					:						
GAS WELL	*										
Actual Prod. Test - MCF/D	Length of Te	st		· <del></del> -	Bbls Conde	nsate/MMCF		Gravity of	Ondensate		
	and again of 1000				Dots. Concensato Mivici			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					(2000 10)						
W ODED ATOD CEDTURE			T T 4 3 1	ICIT	lr			L			
VI. OPERATOR CERTIFIC				NCE		OIL CON	JSFRV	MOITA	חועופוכ	M	
I hereby certify that the rules and reg Division have been complied with an							101117			/I <b>V</b>	
is true and coprolete to the best of my			at above	•	_	•	•	JAN	106'92		
1. 12.	00-				Date	e Approve					
Mar. M.	/					Offig.	s. Signed l	Ŋ			
Signature	-/-			<del></del>	∥ By_	P	aul Kautz Jeologist				
Gred Mauzy		Presi	den+			- 6	seoro <b>Bizid</b>				
Printed Name			Title		Title	,					
12/19/91	(915) 6					· ————			<del></del>		
Date		Tele	phone N	io.	11						

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.