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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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	i	UIRA	NOL	OHI OIL	AND NA	I UHAL GA					
Operator							Well A				
F & M OIL AND GAS COMPANY							30-025-07305				
Address P.O. BOX 891, Mid1			9702	2-0891							
Reason(s) for Filing (Check proper box)	and, 16	JAGG /	J 1 U Z		Othe	r (Please expla	in)		<del></del>		
New Well		Change in	Transr	orter of:	٠ ب	,	•				
Recompletion	Oil		Dry C				•	1 100-			
Change in Operator	Casinghead		Conde	<del>, _ ,</del>	Effe	ctive De	cember	1, 1991			
f change of operator give name	angivac										
and address of previous operator	ANDIE										
II. DESCRIPTION OF WELL	Nama Includi	ing Formation Kind			of Lease		ease No.				
Lease Name					State			Federal or Fee			
Location	l	2				<del></del>	Fede				
Unit LetterP	: 660 Feet From The SC				outh Line and 660 Fee			et From The <u>East</u> Line			
Section 13 Township	17	S	Range	e 381	E, N	мрм,		L	EA	County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU				<del></del>			
Name of Authorized Transporter of Oil	<u>x</u> ]	or Conden	sale		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Scurlock Permian Corp		<u>n</u>				30x 4648,					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					nt)	
Phillips Petroloum Co					<del> </del>			a, texas 79762			
If well produces oil or liquids,	duces oil or liquids, Unit Sec. Twp. Rge				1		When				
give location of tanks.	11		L		<del></del>	ES		UNKNO	VN		
If this production is commingled with that to IV. COMPLETION DATA	from any oth	er lease or	pool, g	pive commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	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					<u> </u>			Depth Casing Shoe			
Perforations								Depui Casii	ig Shoe		
	-1	TIDING	CAS	ING AND	CEMENITI	NG PECOP	D	<u> </u>			
TUBING, CASING AND					CEIVIENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEFIN SE I			GAORO CERENT			
· · · · · · · · · · · · · · · · · · ·		<del></del>									
V. TEST DATA AND REQUES					·						
OIL WELL (Test must be after r	ecovery of to	stal volume	of load	d oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, pi					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	L		-		1						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CERTIFIC	ATTE	7.00		NCC	10			1			
VI. OPERATOR CERTIFIC							<b>ISFRV</b>	ATION	DIVISIO	NC	
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.					JAN 06'92						
is the and complete to the best of my	MOMICURE I	au venen.			Date	Approve	ed				
1 m						` '					
Signature					By Orig. Signed by Paul Kautz						
Greg Mauzy Printed Name		P	res. Title	ident			Geologi;	u12 S <b>t</b>			
12/19/91		(915)			Title	'		<del></del>			
Date		Tel	enhone	No.	[]						

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.