Submit 5 Copies
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 Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals and Natural Resources Department

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

I. Operator	-	TO TRA	NSP	OŖT OI	L AND NA	TURALG	AS					
į ·									API No.			
Address 3002520693										-3		
1500 Mid-America Towe	r, 20 N	. Broa	dway	, Oklah	noma Cit	у, ОК 73	3102					
Reason(s) for Filing (Check proper box) New Well		Change in	Т			ner (Please expl	•			***************************************		
Change in Transporter of: Change in Operator Name Effective July 1, 1992												
Change in Operator	Casinghea	d Gas	Conde		0 0	TY I, IS:	94 -					
If change of operator give name and address of previous operator Hond	o Oil &	Gas C	o.,	Р. О. Н	3ox 2208	, Roswell	L, NM 8	38202				
II. DESCRIPTION OF WELL												
Lease Name Well No. Pool Name, Includin						ing Formation Kind			of Lease Lease No.			
Mescalero Ridge Unit				Federal or Fee NM7465B								
Unit LetterC	, 33	.0		,	Month	10/	20					
Oint Detter	- !		Feet F	rom The	Lir	e and	F	eet From The	West	Line		
Section 35 Townshi	p 19s		Range	341	E,N	МРМ,	Lea			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	ID NATE	IDAT CAC							
Name of Authorized Transporter of Oil		or Conden	sale				hich approved	copy of this fori	n is to be s	ent		
NONE - WIW										·		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) NONE										ent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			is gas actually connected? When			1?					
If this production is commingled with that I	from any othe	er lease or	pool, giv	/e comming	ling order num	her		**************************************				
IV. COMPLETION DATA		·			order dans							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	<u> </u>	L					
								P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	valions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth	Tubing Depth			
Perforations					<u> </u>			Depth Casing S	Las			
						Dopat Casing Stice						
NO E SIZE	CEMENTI	NG RECOR	D									
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	RIE		<u> </u>							
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wible for this	death or he for	full 2d hou	re l		
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	That is not a second of the se											
	Tubing Pressure				Casing Pressu	ire		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D												
Actual Flod. Test - MCF/D	Length of fest				Bbls. Conden	sate/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	LIAN	CE		NI CON	CEDV	TIONE				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved)Z		
MM()					Date	whhinne(
Signature Signature					By_	Bysigned by						
J. M. Duckworth Operations Manager Printed Name Title					Paul Kautz Paul korist							
430/92	405/235	5-3611	11/16		Title.	·	<u>(</u> Geo	70 B 2.,				
Date		Telep	hone No	٥.								

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.