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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator				<u> </u>		TOTIAL CO		API No.	-			
								30-025-22487				
D-Mil Production, Inc. Address								00 023 2278 /				
P.O. Box 49, Argy	le. Tex	<u>kas 76</u>	226		——————————————————————————————————————	/D! '	ain)					
Reason(s) for Filing (Check proper box)  New Well		Other (Please explain)										
Recompletion	Oil											
Change in Operator X	Casinghea	d Gas X	Cond	ensate								
If change of operator give name and address of previous operatorEst	acado,	Inc.,	P.0	. Box 5	587. Hob	bs. NM 8	8241					
II. DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name Well No. Pool Name, Includi						ng Formation				Lease No.		
Bate Federal 1 East Gem Ya						ates			X NM-O	NM-030941		
Location	······································		1				<del> h</del>		<del></del>			
Unit Letter N	. 660	)	Feet 1	From The S	outh 1 in	e and 198	0 1	eet From The	West	Line		
Omi Deati	·		_ rear	riom the	L10	E 400	<u></u>	eet riom the		Line		
Section 26 Townshi	p 19	s	Range	e 3	3E , N	МРМ,	Lea			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate Address (Give addre.							hich approve	d copy of this f	orm is to be se	ent)		
Pride Pipeline Com	لسيسيا				P.O. BO	P.O. Box 2436. Abilene. TX 79604						
Name of Authorized Transporter of Casing			or Dr	y Gas		e address to wh				ent)		
None												
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Whe			n ?				
ive location of tanks.		26	19		No No							
If this production is commingled with that	+				<del>'                                    </del>							
IV. COMPLETION DATA		or 100000 or	poor, B		ing older hall	<u> </u>						
		Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i i i i i i i i i i i i i i i i i i i	. !	Oas Well	I THEW HELL	I WOLKOVEI	l Dechen	I Ling Dack	Same Kes v	Diff Res v		
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth	<b></b>	l	P.B.T.D.	l			
Date Comp. Newly to 1102.					·			1.2.1.2.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Donth				
								Tubing Dept	n			
Perforations					1			Denth Casin	Depth Casing Shoe			
								Dopan Gasin				
·	<del></del>	LIDBIC	CAS	INIC AND	CENCENTE	NC DECOR	<u> </u>			<del></del>		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					<del>                                     </del>			<del></del>	CACKO OFMENT			
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE					DEPTH SET			SACKS CEMENT			
	<del> </del>			-··		<del></del>				<del></del>		
						<del> </del>						
U MESON DAMA AND DECLINO	m non 4	V V () V V	A DE F	<del>,</del>	L							
V. TEST DATA AND REQUES										•		
OIL WELL (Test must be after re			of load	oil and must					or full 24 hou	<u>'s.)</u>		
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	ethod (Flow, pu	mp, gas lýt,	etc.)				
									I Claster Size			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
	1. During Test Oil - Bbls.				Water - Bbis.							
Actual Prod. During Test								Gas- MCF				
GAS WELL				·								
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
								-				
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
(Fact, see, k. v.												
M ODED LEON CONTROL	<u> </u>	<b>a</b> c: =		100	1							
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE			ICEDV	ATION	אווכור	\N1		
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.					Data Approved MAR 1 0 '92							
is true and complete to the best of my k	momisade an	u Dellei.			Date	Approve	d	MILLIN T	- <del></del>	·		
10 16										<del></del>		
Wenny Dollar					By	GREST IN .	rasio.	and <b>5</b> 7	KTON			
Signature Donna Holler Agent					By ORIGINAL DAMES AND STATION							
Printed Name		P	Title		<b>!</b>							
3/4/92	ı	505-39		727	little	<del></del>						
Date			phone 1									
			-		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.