Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

c y, Minerals and Natural Resources Deparem

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
V-F Petroleum Inc.							3(	30-025-24107			
Address									-		
One Marienfeld Pl	ace, Sui	te 580		Midlar	nd, Texa						
Reason(s) for Filing (Check proper box)	,	· · · · · · · · · · · · · · · · · · ·		C	U Oth	r (Please expla	11R)				
New Well	Oil	Change in Tr	ransportei Fry Gas	ror:		Effect	ive dat	e: 1/1/9	0		
Recompletion $\square$	Casinghead	_	ondensat	<u>,</u>				. ,			
Change in Operator X  If change of operator give name							77 7				
and address of previous operator	Marathon		ompan	у Р.	. O. Box	552 M1	dland,	Texas 7970	32		
DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Include					ng Formation		Kind	Kind of Lease		ase Na	
				um Abo, North			State,	Federal or Fee 695505		)5	
Location	. <u> </u>										
Unit LetterL	:184	<u> </u>	ect From	The So	outh Lin	e and <u>520</u>	Fe	et From The	West	Line	
Section 20 Towns	hip 17	R	lange	35	, N	мрм,	Lea			County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND	NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa		٦	Address (Giv	e address 10 w		copy of this form		nt)	
						. O. Box 900 Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas S or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Phillips 66 Natural G						Plants Section; 1040					
If well produces oil or liquids, give location of tanks.	1	• • • • • • • • • • • • • • • • • • • •			is gas actually connected? When						
	L	20	17	35	yes			5/72		74004	
If this production is commingled with th IV. COMPLETION DATA	a from any oune										
Designate Type of Completion	n - (X)	Oil Well	Gau	well	New Well	Workover 	Deepen	Piug Back  Sa	ime Res'v	Diff Resiv	
Date Spudded	Date Compi	Date Compil. 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 S	shoe		
		IDDIC C	TA CDIO	~ ANIT	CEMENTI	NC DECOR	- T	<u> </u>			
110/5 0/75	TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			DET IN SET						
										····	
	<del>-  </del>	·									
V. TEST DATA AND REQU	EST FOR A	LLOWAI	BLE		1						
OIL WELL (Test must be afte	recovery of tol	al volume of	load oil	and must	be equal to or	exceed top all	owable for th	is depth or be for	fill 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	Date of Test				ethod (Flow, po	ump, gas lift,	esc.)			
								Choke Size			
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Circus diag		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL			<del></del>		1						
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut in)			Choke Size		
M Open and Century	CATEOE	COLET	TARIC	7E	<del>-</del>						
VI. OPERATOR CERTIF				ناد				ATION D			
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	nd that the infor	mation given	above				1	JAN 2	5 1990		
M /	2015				Date	a Approve	ea				
Signature	Just				By_	OR		MED BY JEST		N	
Karen M. Cajacob	Peti	roleum		neer			DISTRI	CT I SUPERVI	SOR		
Printed Name	919	5/683-3			Title	, see pro-		esta e e ejezette	<u>,</u>		
Date		Telep	hone No								
The state of the s	<b>2</b> 10 0 12 2 2 2 2 1 1 1 1 1 2 2 2 2 2 2 2	9		e su	e e e e e e e e e e e e e e e e e e e	Bodon (14) i udishbishok	bila a Misir Deb	Carlot Mars Base 1			

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.