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BISTRICT.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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

Section 30 Township 19S Range 33E NNTM, Lea COUNTY  III. DESIGNATION OF TRANSPORTER BUTTERSHEW ASTRAL GAS  Name of Authorized Transporter of Oil	LOW RIG Brazos Rd., Aztec, NM 8/410		JEST FO						S				
Research to Filies (Check proper box)	•	nanv							Well A	_	75-77	671	
Cheer (Private exploirs)		hany					····			<u> </u>	<u> </u>	v II	
Change in Operator   Change in Transporter of Change in Operator   Cha		, OK 7	4121-14	468							<del>.</del>		
Recompletion			Change in	Transoc	orter of		Other (Pl	ease expla	iin)				
Company   Comp		Oil		-	-	]		Ef	fective	3/1/91			
This production to function of protocol operators.  Lease Name Pede rail 30  2 Gen. (Morrow)  Well No. Pool Name, including formation Gen. (Morrow)  Well No. Pool Name, including formation Gen. (Morrow)  Well No. Pool Name, including formation State, Edenial Fee. Nm.—073240  Lease No.	<del>.</del>	Casinghea	d Gas	Conder	isate KI	<u>}</u>				···		<del></del> -	
Lease Name	f change of operator give name and address of previous operator										_		
Content   Cont	II. DESCRIPTION OF WELL	AND LE	ASE										
Use Later K 2310 Feet From The South Lise and 1980 Feet From The West Lin Section 30 Township 195 Range 33E NNFM, Lea County  III. DESIGNATION OF TRANSPORTER OF UTERSIEN AFFIRM LAST.  Name of Authorized Transporter of Oil or College 196 197 34 Address (Give address to which approved copy of this form is to be sent)  Renron 0.11 Trading & Transporter 100 Company  Renron 0.11 Trading Renron 100 Company  Renron 0.11 Trading Renron 100 Company  Renron 0.11 Trading Renron 100 Company  Renr	•		1 1	i			ation						
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Section 30 Township 19S Range 33E NMTM, Lea County  III. DESIGNATION OF TRANSPORTER BUILE ASTEMA PRIVATE AS Nume of Authorized Transporter of Coll Control of Cartostive 21-93 Matters (Give address to which approved copy of this form is to be sent)  ENTERY OF 11 Trading 6 Transporter of Company or Division of Authorized Transporter of Casingsed Gas or Division of Nature (Give address to which approved copy of this form is to be sent)  PM 1111ps 65 Natural Gas Company or Division of Natural Gas Company or Division of Indiata, 19 the Indian of Indian, 19 this production of Indian, 19 this production of Indian, 19 this production is commissible with that from any other lease to pool, give commission of Indian, 19 the production is commissible with that from any other lease to pool, give commission of Indian Production of Indian Indian Production of Indian Indian Production of Indian		:23	10	Feet Fi	rom The .	South	Line and	198	60 Fe	et From The	West	Line	
III. DESIGNATION OF TRANSPORTER SUIT PRIES. AGRICAL GAS  Name of Authorized Transporter of Oil or Children 19.23 Address (Give address to which approved copy of this form is to be sent)  ENTON 0.11 Trading & Transporter atton Company  Name of Authorized Transporter atton Company  Name of Authorized Transporter atton Company  Phillips 65 Natural Gas Company GFM Gas Corporative Company  Phillips 65 Natural Gas Company GFM Gas Corporative Company  Phillips 65 Natural Gas Company GFM Gas Corporative Company  Phillips 65 Natural Gas Company GFM Gas Corporative Company  Phillips 65 Natural Gas		1.0											
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Enron 011 Trading & Transportation Company Name of Authorized Transporter of Cataloghead Gas or Dry Ote 27 Address (Give address to which approach copy of this form is to be sees) PA1111ps 66 Natural Gas Company CPM Gas Corporating (Den Brook St., Odes St., Tx. 79762 If well produces oil or liquids, Well Cash Cash Cash Cash Cash Cash Cash Cash		SPORTE									<u></u>		
Name of Authorized Transporter of Casinghead Gas  Or Day Cas	•				[-A]- \							ent)	
### Philitops 66 Natural Gas Company GPM Gas Corporate(SD) Penbrook St., Odessa, TX 79762  ### If well produces of a figuida, Unit   Set   February   Internation of the production of a figuida, Unit   Set   February   Internation of the production of the production of a figure of comminging order number:  #### Production is comminged with that from any other lease or pool, give comminging order number:  ###################################	Name of Authorized Transporter of Casing	thead Gas		or Dry	Gas X	Addre	s (Give ada	iress to wh	ich approved	copy of this f	form is to be se	ent)	
If well produces oil or liquids, Unit SET THANET PROPERTY is the Addition connected? When 7 yees coation of totals. K 30 19S 33E Yes 5 5/26/82  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res V Diff RerV  Date Spudded Date Compl. Ready to Producing Formation Top Oil/Gas Pay Tubing Depth  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL (Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date Firs New Oil Run To Tank Date of Test Casing Pressure Casing Method (Flow, pump, gas lift, etc.)  Casing Pressure Casing Method (Flow, pump, gas lift, etc.)  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By Date Approved  Title  Title  Title	Phillips 66 Natural Ga	as Comp	any GP	M Ga	s Corp	ōrat <u>i</u> qη	1 Penb	rook S	st., Ode	ssa, TX	79762		
this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Resv Date Spudded  Date Compl. Ready to Prod.  Total Depth PB.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Tubing Depth  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test Oil - Bbls.  GAS WELL  Actual Prod. During Test Oil - Bbls.  GAS WELL  Actual Prod. During Test Oil - Bbls.  GAS WELL  Actual Prod. During Test Oil - Convervation  Date of Test Oil - Bbls.  Oil - Bbls. Condensate/MMCF Cravity of Condensate  Oil - Convervation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Date Printed Name  2/2/7/91  918-491-4314	If well produces oil or liquids,	Unit	SECTE	HV <sub>F</sub> :	Heork	ge. Vis gas	country con	nected?		?			
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Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  TUBING CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  SACKS CEMENT  ACKS CEME	Date Spudded	Date Com	pl. Ready to	Prod.		Total	Depth			P.B.T.D.			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  *  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Date of Test  Length of Test  Casing Pressure  Choke Size  Choke Size  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Condensate/MMCF  Gravity of Condensate  Festing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  MAR  Date Approved  By  Title  2/27/91  Title  Title  Title	Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
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GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbis. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  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.  Signature  Charlotte Van Valkenburg, Technical Coordinator Printed Name  Title  2/27/91  Date Approved  By  Title  Title  Title  Title	Length of Test	Tubing Pressure				Casing	Casing Pressure				Choke Size		
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    OIL CONSERVATION DIVISION   MAR   0   1891	Testing Method (pitot, back pr.)	Tubing Pro	essure (Shut	-in)		Casing	Pressure (S	Shut-in)		Choke Size			
Printed Name  Title  2/27/91  918-491-4314  Title  Title	I hereby certify that the rules and regular Division have been complied with and	ations of the	Oil Conservermation give	vation				prove	d	M/	4R 0 4		
Printed Name		urg. T	echnica	1 Co	ordin	15	Ву	112.07	mal com	AND SE	- <b> </b>		
Data Talashara Na	Printed Name 2/27/91			Title		11	Title			•			

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.