STATE OF NEW MUXICO		DIL CONSERV	ΛΤΊΟΝ	ON DIVISIO			Form C-104 Revised 10-1-78								
CITE 1 M IN UT 10 H		Р. О. НОХ 2088													
	SANTA FE, NEW														
U & U.B., CAND DFFILM	R ALLOWA														
INANIPONTER OIL	ND														
CONTRACTOR	AUTHO:	RIZATION TO TRANS		AND NATU	RAL GAS	• · · · · · · · · · · · · · · · · · · ·									
Cabana Oil Corpor	ration														
c/o Oil Reports &	Gas Servic	es, Inc., Box	63, Hobl	bs, NM 8	8241										
neoson(s) for filing (Check proper New Well		in Transporter of:		Other (Please	r explainj										
Recompletion	Cil		• □	Request	testing	allowable of 15	500 BBLS.								
Change in Ownership	Casingh	ead Gas Conde	nsale												
If change of ownership give name and address of previous owner	•														
HI SCRIPTION OF WELL AN															
Carter Estate 1		Wildcat	of mation			Lease No.									
Lucation															
Unit Letter N ;;	LUUU Feet Fr	om The South Lir	ne and	080	Feet From '	The East									
Line of Section 32	T mship	17 S Range	39 E	, NMPM	. <u>L</u> ea		County								
LUSIGNATION OF TRANSPO															
Name of Authorized Transporter of Tride Pipeline Compa	Name of Authorized Transporter of Cil X cr Condensate				ilene, TX	ved copy of this form is 79604	io be sent)								
tion e of Authorized Transporter of		or Dry Gas	Address (G	ive address i	to which approv	ved copy of this form is	so be sentj								
None	Unit Sec		ls gas actu	ually connecte	ed? Who	en									
If this production is commingled	N N N N N N N N N N N N N N N N N N N	32 175 39E	give commi	ingling order	number:		<u> </u>								
COMPLETION DATA		Dil Well Gas Well	New Well	Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.								
Designate Type of Comple		 	1	1 1 	8 9 		1 # k								
Date Spudded	Date Compl. 1	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.									
evolucing (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oll/Gas Pay		Tubing Depth										
Perforations			1			Depth Casing Shoe									
		TUBING, CASING, AND	CEMENTI	ING RECOR	D										
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT									
· · · · · · · · · · · · · · · · · · ·			ļ												
TEST DATA AND REQUEST	FOR ALLOWA	BLE (Test must be a) able for this de				and must be equal to or	exceed top allow								
OIL WELL Date First New Oil Bun To Tanks	Date of Test	usie jos inia de			, pump, gas lij	(1, etc.)	<u></u>								
Length of Test	Tubing Press	Tubing Pressure				Choke Size									
	0.1. 0.1	Cit. Data		Norman Dala		Gas+MCF									
Actual Prod. During Test	ОП-Вые.	О11-ВЫ .		Water-Bble,											
GAS WELL															
Actual Prod. Test-MCF/D	Length of Tee	Longih of Tost		enerate/AMCF		Gravity of Condensate									
Testing Method (pitot, back pr.)	Tubing Pressy	Tubing Presews (Shut-in)		(Shut-	·10)	Choke Size									
UNTIFICATE OF COMPLIA	NCE		l 		ONSERVAT	I									
			APPRO	VED	APR 1	10N DIVISION 9 1983	19								
I hereby certify that the rules an investion have been complied with	th and that the	information given		-	MAL SIGNED	BY JERRY SEXTON									
Sove is true and complete to t	he best of my a	nowieage and beilel.	· DY		DISTRICT	SUPERVISOR									
					te filed in c	ompliance with RULI	E 1104.								
<u>(Signalies</u> (Signalies) <u>Agent</u> (Tille) <u>4/19/83</u> (Dare)			11.15	in is a requ	est for allow	able for a newly drill	ed or despense								
			 well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for alloweble on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition. 												
											Sepi romalete		C-104 munt	the filted for each p	ool to multiply

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APP 191983

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