Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS				N ZATION	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
I. Operator		NSPORTOL	AND NA	URAL GA	Well A	PI No. -025-3.9888
Address						
P.O. Box 1933, Roswell, New Mexico 88202         Reason(s) for Filing (Check proper box)         New Well       Change in Transporter of:         Recompletion       Oil       Dry Gas         Effective: /-/-90         Change in Operator       Casinghead Gas         If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL AND LEASE           Lease Name         Well No.         Pool Name, Including Formation         Kind of Lease         Lease No.						
Jant / Federal / North Going Ein (Spring, State, Federal or Fee NA163365						
Unit Letter : Feel From The DULT Line and Feel From The West Line						
Sections / Township 185 Range 32E, NMPM, Lea County						
III, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil         Pride Operating Company         Processing Company						
Name of Authorized Transporter of Casing	need Gas or Dry Gas Address (Give address to which a				ich approved i	copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tup.   Rge. 18   32		y connected?	When	H=25-87 1-16-88
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease or p	pool, give commingli	ng order num	xr:		
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to	Total Depth			P.B.T.D.	
Elevations (DF, RKB, RT, SR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth	
Perforations						Depth Casing Shoe
		CEMENTI	NG RECOR	D		
HOLE SIZE	CASING & TL	DEPTH SET			SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load git 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 Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure	Casirg Pressure			Choke Size	
Actual Prod. During Test	Oil - Bbls.	Waler - Bbis.			Gas- MCF	
GAS WELL	1		1			
Actual Prod. Test - MEF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Coadebrate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choke Size	
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.			OIL CONSERVATION DIVISION  Date Approved			
Stature Signature Sharon Hill Production Analyst Printed Name D-29-89 505-623-6601			ByORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
11-10-87         505-623-6601           Date         Telephone No.						

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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