Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Control Cont	I .	TC	TRAN	SPOF	TOIL.	AND NA	TURAL GA	<u>s</u>	EL CI			
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Change in Direct Proper low) Change in Transporter of Change in Grand Dry Gas Change in Option Change in Direct Property Change in Option Change in Opt		200. H	ouston.	. Tex	as 770)77		•				
and address of periods operators Line DESCRIPTION OF WELL AND LEASE Lease Name West Lovington Unit Well Nos. Well Lovington Upper San Andres Sates Federator Fre B4119 Lease No. B4119 Leastina Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County Line and 15 Feet From The West Line Lea County L	Reason(s) for Filing (Check proper box) New Well Recompletion	Ci Oil	hange in Tr	ansporte ry Gas	r of:		er (Please expla	in)				
DESCRIPTION OF WELL AND LEASE Lease tume Well No Tool Name, including Founcilon West Lovington Unit 80 W. Lovington Upper San Andres State Federal or Fee B4119	f change of operator give name and address of previous operator											
Specifies 4 Township 175 Range 36E NMTM, Lea County	II. DESCRIPTION OF WELL A Lease Name West Lovington Unit Location	Y	Vell No. Po 80 \	W. Lo	ovingt	on Upper		res State	Federal or Fee	B411	9	
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Name of Authoritical Transporter of Cil	Section 4 Township	<u>17S</u>	R	ange	361	<u>и, Е</u>	мгм,			Lea	County	
Designate Type of Completion - (X) Date Spudded 8-10-91 Elevations (DF, RKB, RT, GR, etc.) 3882 Name of Producing Formation San Andres TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12. 1/4 8. 5/8 5 1/2 Signature Actual Frod. Test Date of Test 239 GAS WELL Actual Frod. Dries Tubing Pressure Casing Pressure Casing Pressure Choke Size Water - Bblk 237 TSTM Delta Completion - (X) Name of Producing Formation San Andres TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT Depth Casing Shoe TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT Depth Casing Shoe TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT CASING & TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT CASING & TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT CASING & TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT CASING & Tubing Pressure Choke Size Choke Size OIL CONSERVATION DIVISION NOV 1 2 1991 Date Approved By DEPTH SET DATA AND REQUEST FOR ALLOWABLE Date Approved By DEPTH SET DATA AND REQUEST SACKS CEMENT Title Title Title Title	Name of Authorized Transporter of Oil Texas New Mexico Pipelil Name of Authorized Transporter of Casing Phillips 66 Natural Gas If well produces oil or liquids, give location of tanks.	ne Co. head Gas Company Unit S	© Condensate of	r Dry G Gas Co Wp.	orporat	Address (Gir P. 0. I Address (Gir Q100 FF) Is gas actual yes	Box 2528, we address to w. Entropy Feb ny connected?	Hobbs, hich approved YUSEY 1, UNDER	New Mex copy of this for 1992 Texas 7	ica 8824 orm is to be se	.0	
Designate Type of Completion - (X) XX X		· · · · · · · · · · · · · · · · · · ·					~ ~~~	Deepen	Pius Back	Same Res'y	Diff Res'v	
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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.