Bit Rev Bay, Hass, Mi BERO         OIL CONSERVATION DIVISION PO. Box 2028           Bit Rev DD, Assea, NM BERO         OIL CONSERVATION DIVISION PO. Box 2028           Division Bay, Au, Ane, NM BERO         PO. Box 2028           Division Bay, Au, Ane, NM BERO         FOR BAY 2028           Division Bay, Au, Ane, NM BERO         FOR BAY 2028           Division Bay, Au, Ane, NM BERO         FOR BAY 2028           Comparison         TO TRANSPORT OLL AND NATURAL GAS           Comparison         Mark 200           IAB 1         Lannable Comparison           IAB 2         Comparison	Submit 5 Copies Appropriate District Office DISTRICT I	Energy, Minerals and Nati	ew Mexico Iral Resources Depa. Int	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
Description: Bits, Assoc, RM 5740         REQUEST FOR ALLOWABLE AND AUTHORIZATION         I TO TRANSPORT OL AND NATURAL GAS         Wait ANS.         Mark ANS. 254: 100 HEASTON JTK TOOID         TOOID HEASTON JTK TOOID         Categore Answer and	P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	P.O. B	ox 2088		
I       TO TRANSPORT OL AND TRANSPORT         Operator       TO TRANSPORT OL AND NATURAL GAS         Material       THE ANSCHLUTZ CALEGOLATION         Addres       TAD TRANSPORT OL AND DEAST         Material       TAD TRANSPORT OL AND DEAST         Material       TAD TRANSPORT OL AND DEAST         Material       Other (Please codeWKS) (NGHEAD GAS MUST NOT BE.         Material       Other (Please codeWKS) (NGHEAD GAS MUST NOT BE.         Material       Other (Please codeWKS) (NGHEAD GAS MUST NOT BE.         Material for Please CodeWide State Codewate       INTERSET NOT BE SATT         Material for Please CodeWide State Codewate       INTERSET NOT BE SATT         Material for Please CodeWide State Codewate       INTERSET NOT BE SATT         Material for Please Codewate       Interset Sate Codewater         Material for Please Codewater       Interset Sate Codewater         Material for Please Codewater       Interset Sate Codewater         Material for Please Codewater <t< td=""><td>DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410</td><td></td><td></td><td>N</td></t<>	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			N	
Openalism         The ANSCHUTE         Cold Decarbon         30 - 025 - 31438           Addense         IAA         LAMMAN         STE /100         Hausson         TO 10           Reserved for Filling (Caled graph Roy)         Obar (Please captingNc) (INGHEAD GAS MUST NOT BE New York and the second graph Roy Cale         Other (Please captingNc) (INGHEAD GAS MUST NOT BE New York and the second graph Roy Cale         Not RESS AN EXCEPTION TO P 4070           Recomplication         Other (Please captingNc) (INGHEAD GAS MUST NOT BE New York and the second graph Roy Cale         Not RESS AN EXCEPTION TO P 4070           If always of symme and the second graph Roy Cale         Other (Please captingNc) (INGHEAD GAS MUST NOT BE New York and the second graph Roy Cale         Not RESS AN EXCEPTION TO P 4070           Least New Add         Made All Cole         Well No.         Not Roy Cale         Not ROY Cale           Least New Add         Made All Cole         Not Roy Cale         Not Roy Cale         Cale           Least New Add         Made All Cole         Not Roy Cale         Cale         Cale           Least New Add	TO TRANSPORT OIL AND NATURAL GAS				
Address       IAD       IAD <thiad< th="">       IAD       <thiad< th=""> <th< td=""><td>Operator THE ANKEHU</td><td>TZ CORPORATION)</td><td></td><td></td></th<></thiad<></thiad<>	Operator THE ANKEHU	TZ CORPORATION)			
Data Notion Filling (Curl growthout)         Change in Transporter of the provide constant of	Address		Tr 77010		
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Calling of Opening in a same set science in a same science science in a same science in a same science in a sam			FLARE	DAFTER 5-1-92	
and defend of previous openies       In       DESCRIPTION OF WELL AND LEASE       Kind of Lease         Lase Num       MELO       // S. KADALES       State. Federal of Federa of Federal of Federal of Federal of Federa	Change in Operator	Casinghead Gas Condensate			
Less Nume         Mell No.         Pool Name, Including Formation         Kild of Lass         Lass No.           Location         Including         S. KAURALES         Day of An         Stat. Federin of Stat.         Lass No.           Location         Including         Township         IS South N range of Stat.         NMPM.         Less         County           III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Address (Gine address to which approved copy of his form is to be send)         NAMeres (Gine address to which approved copy of his form is to be send)           Name of Authonized Transport of Causgued Cas         or Dry Gis         Address (Gine address to which approved copy of his form is to be send)           Weal produces of or inpude, proceeding of this provide to the tange of the provide of the tange of the provide of the tange of the provide of the tange of the tange of the provide of the tange of the provide of the tange of the tange of the tange of the provide of the tange of the provide of the tange of the tan	and address of previous operator				
HELO       /       S. KUDULES       DEDMARA       Same, Federal of (*e)         Location       Uail Letter       K       [9] DO       Fed From The       Suff H       Lise and       [18] Township			ing Formation Ki	ind of Lease No.	
Unit Letter       K       [9] DO       Feet From The       SOLTH       Line and       [18] Township       IT       Source       Line         Section       [B]       Township       IT       SOLCH       Range       36       BEXT       NMPM,       LEA       County         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       or Cocedensate       Indicates (Give address to which approved copy of his form is to be sent)         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of his form is to be sent)         If well produces of or liquida,       Unit.       Sec.       Try,       Res.       Lags scalably connected?       When ?         is back produces is commingled with that from any other less or pool, give commingling order number:       IV.       COMPLETION DATA         Designate Type of Completion - (X)       X       X       New Well       New Well worknow:       Despto.       J.2.210       J.2.210         I.B. Spadde       Date Complexing Formation       J.2.210       J.2.210       J.2.200       Depto.       J.2.200       D.2.200       Depto	ARCO			ate, Federal Or(Fee)	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Callaghead Gat       or Condensite         Name of Authorized Transporter of Callaghead Gat       or Condensite         Name of Authorized Transporter of Callaghead Gat       or Dry Cast         Name of Authorized Transporter of Callaghead Gat       or Dry Cast         Name of Authorized Transporter of Callaghead Gat       or Dry Cast         Name of Authorized Transporter of Callaghead Gat       or Dry Cast         Name of Authorized Transporter of Callaghead Gat       or Dry Cast         New Well will produce all or inquiction, incommigning order author:       New Well Workover         NV. COMPLETION DATA       Oil Well       Gas Well         Designate Type of Completion - (X)       New Well       New Well Workover       Deepen         Pues Spadded       Data Completion, Authorized Transporter of Callaghead Gat       1/2.2/10       1/2.2/10         III 3 [91]       3 [3, 1, 1, 2       1/2.2/10       1/2.2/10       1/2.2/10         Performation       Jang Callaghead Gat       Total Depth       1/2.2/10       1/2.2/10         III 3 [91]       3 [3, 1, 1, 2       1/2.2/10       1/2.2/10       1/2.2/10         Perforations       Data Completion, Authorized Trans	L V	: 1980 Feet From The S	AUTH Line and 1980	Feet From The WEST Line	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Auborized Transporter of Oil       or Condensate       Address (Cive address to which approved copy of his form is to be setue)         Koch Ci Co - A QUISBON OF KEAL SHOUTCHET INC.       PO BOX ISSB RELEXANCES Copy of his form is to be setue)         Name of Auborized Transporter of Calinghesd Gas       or Dry Gas       Address (Cive address to which approved copy of his form is to be setue)         Name of Auborized Transporter of Calinghesd Gas       or Dry Gas       Address (Cive address to which approved copy of his form is to be setue)         If the production is commingled with that from usy other less or pool, give commingling order number:       IV. COMPLETION DATA         Designate Type of Completion - (X)       X       Image: It is an auborized for number:         IV. COMPLETION DATA       Oil Weil       Cas Weil       New Weil       New Veil Workover       Deepee       Pug Back [Same Res' V Dff Res' Lip Pub.         Date Spadded       Ja Ja Ja <ja j<="" ja="" ja<ja="" td=""><td colspan="5"></td></ja>					
Name of Autorized Transporter of Chill       Or Condensate       Address (Dire address to which approved copy of this form is to be tent)         Name of Autorized Transporter of Chilloghed Car       Or Dy Casi       Address (Dire address to which approved copy of this form is to be sent)         Name of Autorized Transporter of Chilloghed Car       Or Dy Casi       Address (Gire address to which approved copy of this form is to be sent)         If well produces oil or liquid, give boation of unkt.       Unit       Sec.       Twp.       Ref.       It gas schially connected?       When 7         If well produces oil or liquid, give boation of unkt.       Unit       Sec.       Twp.       Ref.       It gas schially connected?       When 7         If well produces oil or liquid, give boation of unkt.       Unit       Sec.       Twp.       Ref.       It gas schially connected?       When 7         If well produces oil or liquid, give boation of unkt.       Unit       Sec.       Twp.       Ref.       It gas schially connected?       When 7         Designate Type of Completion - (X)       Oil Well       Gas Well       Name of Producing Formation       Tod Directed Tag.       Directed Tag					
Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of Nais form is to be sen!)         If well produces oil or liquids, pive location of traits.       Unit       Sec.       Twp.       Rgs.       Is gas actually connected?       When 7         If well produces is comminingled with that from any other lease or pool, give comminingling order number:       IV. COMPLETION DATA       Designate Type of Completion - (X)       X       New Well       Workover       Despea       Plug Back Same Res'v       Diff Res'v         Designate Type of Completion - (X)       X       Image Completion - (X)       X       Image Completion - (X)       PB.T.D.         Image Completion - (X)       X       Image Completion - (X)       X       Past Same Res'v       Diff Res'v         Date Spaded       Date Completion - (X)       X       Image Completion - (X)       Y       PB.T.D.       PD.D.       P	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro		
pive location of tanks.       K       I % <thi %<="" th="">       I %       <thi %<<="" td=""><td>Name of Authorized Transporter of Casin</td><td>SIDN DE KOCH INDUSTUET INC ghead Gas or Dry Gas</td><td>Address (Give address to which appro</td><td>wed copy of this form is to be sent)</td></thi></thi>	Name of Authorized Transporter of Casin	SIDN DE KOCH INDUSTUET INC ghead Gas or Dry Gas	Address (Give address to which appro	wed copy of this form is to be sent)	
IV. COMPLETION DATA         Designate Type of Completion - (X)       X       Saw Well       Workover       Deepen       Plug Back Same Res'v       Diff Res'v         Date Spudded       Date Completion - (X)       X       X       Y       Diff Res'v         Date Spudded       Date Completion - (X)       X       Y       Y       Diff Res'v         Date Spudded       Date Completion - (X)       X       Y       Y       Diff Res'v         Date Spudded       Date Completion - (X)       X       Y <td>give location of tanks.</td> <td>K 18 175 39E</td> <td>1</td> <td>hen ?</td>	give location of tanks.	K 18 175 39E	1	hen ?	
Designate Type of Completion - (X)       X       Image: Complete Comple	IV. COMPLETION DATA				
III 3 91       3 3 92 92       12210       12210         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top OIUGas Pay       Tubing Depth. $3 \cup 6 \cup 6 \cup 6 \cup 7 - 2 \cup 0 0$ DEVD N'AA)       12062       12002         Performitions       12062       Depth Casing Shoe       12062         12062 - 080'; 12130 - 170'; D194 - 210 0664 Hetc       12194       12194         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         1742 *       (34) 72 *       440'       5D0         1747 *       (34) 72 *       490'       5D0         1747 *       (34) 72 *       12,194 *       700         V. TEST DATA AND REQUEST FOR ALLOWABLE       12,194 *       700       700         Date of two till Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)       742 *         24       NA       O       NA       O       NA         Actual Prod. Test       Oil - Bbis.       19       18       NA         GAS WELL		- (X) j X j	ixi i		
Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Cas Pay       Tubing Depth.         BLG 2       CAR       DEUDAVIAN       I2062       I2000         HORESS       I2130 - 170';       L194 - 210 ORGAN       I2062       I2194         HOLE SIZE       CASING AND CEMENTING RECORD       I2194         HOLE SIZE       CASING AND UBING SIZE       DEPTH SET       SACKS CEMENT         1714 *       (5% *       490'       500         778 **       490'       500         778 **       190'       500         778 **       190'       500         778 **       12194'       Toco         V. TEST DATA AND REQUEST FOR ALLOWABLE       12194'       1000'         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 Tak       Date of Test       Producing Method (Flow, pump, gat lift, etc.)         2/43 / 9 2       2/23 / 9 2       2/23 / 9 2       NA         Actual Prod. Test - MCF/D       Length of Test       NA         GAS WELL       Inthing Pressure (Shul-In)       Casing Pressure (Shul-In)       Onke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Interform			· ·		
Perforations       Depth Casing Shoe         12062-080'; 12130-170'; 1219-170'; 12194-210 OPEN Hete       12194         TUBING, CASING AND CEMENTING RECORD       12194         HOLE SIZE       CASING & TUBING, SIZE       DEPTH SET         1719*       (5%)       490'         9578*       490'       500         778"       \$78"       490'         778"       \$78"       490'         778"       \$78"       490'         9578*       490'       1950         778"       \$78"       490'         778"       \$78"       490'         9578*       490'       100         9578*       490'       100         9578*       490'       100         9578*       490'       100         9578*       490'       100         9578*       490'       100         978*       \$72"       12194'         101       Bate of Test       Producing Method (Flow, pump, gas 1/f, etc.)         101       Preducing Pressure       Choke Size         1219       14       NA       Casing Pressure (Shut-A         1219       19       18       NA         Gas WELL	Elevations (DF, RKB, RT, GR, etc.)				
TUBING, CASING AND CEMENTING RECORD         TUBING, CASING & TUBING SIZE         DEPTH SET       SACKS CEMENT         17½"       (3½%"       440'       500         900       95%"       440'       500         7½"       (3½%"       440'       500         7½"       5½%"       440'       500         7½"       12194'       700         7½"       12194'       700         V. TEST DATA AND REQUEST FOR ALLOWABLE       0       12194'       700         OLL WELL       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.)         Date First New Oil Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         2/23.9.9.2       2/2.3.9.9.2	Perforations			Depth Casing Shoe	
HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         17%**       13%*       440'       5Do         77%**       4903'       (950)       (950)         77%**       4903'       (950)       (950)         77%**       5Y**       4903'       (950)         V. TEST DATA AND REQUEST FOR ALLOWABLE       (900)       (950)       (950)         OIL WELL       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.)       Date of Test         Date First New Oil Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)       Alag 19.2         Aday 19.2       2.43, 19.2       Alam A       O       NA         Actual Prod. During Test       Oil - Bbis.       Water - Bbis.       Gas- MCF         Issue and complete to the best of Test       19       18       NA         GAS WELL       Issue fressure (Shul-in)       Casing Pressure (Shul-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Information given above is true and complete to the best of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of the Oil Conservation Division have been complete to the best of the oil?       OIL CONSERVATION DIVISION <td< td=""><td>12062-080; 12130-1</td><td>TUBING, CASING AND</td><td>HELE CEMENTING RECORD</td><td>12194</td></td<>	12062-080; 12130-1	TUBING, CASING AND	HELE CEMENTING RECORD	12194	
Production       Production <td></td> <td>CASING &amp; TUBING SIZE</td> <td>DEPTH SET</td> <td></td>		CASING & TUBING SIZE	DEPTH SET		
The image of	1742*				
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         2/25/92       2/23/92         Length of few       Tubing Pressure         Actual Prod. During Test       Oil - Bbis.         19       18         Actual Prod. Test - MCF/D       Length of Test         Actual Prod. Test - MCF/D       Length of Test         Bbis. Condensate/MMCF       Gravity of Condensate         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Iheroby 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         Oil Conservation       MAR 13 "String         Distribution have been complied with and that the information given above       SEXTON         ORIGINAL SCHARTION DIVISION       SEXTON	77/8"				
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       Producing Method (Flow, pump, gas lift, etc.)         A /A5 / 9.2       A / 23 / 9.2       Aum A         Length of fea       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         Actual Prod. During Test       Oil - Bbls.       Bbls. Condensate/MMCF       Gravity of Condensate         Choke Size       NA         OIL CONSERVATION DIVISION         Using Actual Producing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       OIL CONSERVATION DIVISION       Date 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.       MAR 1 3 %       MAR 1 3 %         Officination Side Approved       MAR 1 3 %       Sextron       Sextron			· · · · · · · · · · · · · · · · · · ·		
Date First New Oil Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         A (23) 9 2       A (23) 9 2       Aum A         Length of fex       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Valer - Bbls.       Gas- MCF         Image: Actual Prod. During Test       Oil - Bbls.       Image: Actual Prod. Test       NA         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pilor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       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.       Oil CONSERVATION DIVISION         Date Approved       MAR 1 3       Sexton         Officinial SCN       SEXTON         OW       Officinial SCN       SEXTON			be equal to or exceed top allowable for	this depth or be for full 24 hours.)	
Length of few       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbis.       If       If       If       If         Actual Prod. During Test       Oil - Bbis.       If       If       If       If       If         GAS WELL       If			Producing Method (Flow, pump, gas l		
Actual Prod. During Test       Oil - Bbls.       NA       O       NA         Actual Prod. During Test       Oil - Bbls.       IS       Gas- MCF         Image: Index of the state of the	2/25/92	2/23/92		Choke Size	
Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         IS       IS       NA         GAS WELL       Actual Prod. Test - MCF/D       Length of Test         Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       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.       Date Approved       MAR 1 3 State         Water - Bbls.       ORIGINAL SONAL       SEXTON       SEXTON					
GAS WELL         Actual Prod. Test - MCF/D       Length of Test         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)         Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation       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.       MAR 1 3 °G.         Sector       MAR 1 3 °G.       SEXTON         By       ORIGINAL SONCE IS SEXTON		Oil - Bbls.	Water - Bbls.	Gas- MCF	
Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       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.       MAR 1 3 'S.         Oute Approved       MAR 1 3 'S.         ORIGINAL SONG       SEXTON         By       ORIGINAL SONG		11	10	Nn -	
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.         Old CONSERVATION DIVISION         Date Approved         MAR 1 3 'S         ORIGINAL SONG         Date Approved         MAR 1 3 'S         Date Approved         MAR 1 3 'S	-	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
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 MAR 13'90 Date Approved NAR 13'90 N SEXTON By ORIGINAL SIGNAL	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
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 <u>MAR 13'8</u> Date Approved <u>MAR 13'8</u> N SEXTON BY ORIGINAL SONAL					
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 MAR 1 3 'S Date Approved MAR 1 3 'S			OIL CONSER	VATION DIVISION	
By ORIGINAL SIGNAL SIGNAL SIGNAL	Division have been complied with and that the information given above				
Signature     Pristed Name     Div     Proventie     Mon	Anno			ONE SEXTON	
Printed Name         Title	Signature PHil Amy	Div PRODUCTION MOR	By DISTR	HET I SUPERVISOR	
Date Telephone No.	314/92	Tille 713/651-0281 ECT 200	Title		
	Date	Telephone No.			

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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.

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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