Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

I.

State of New Mexico
____ergy, Minerals and Natural Resources Departing :

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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Lease Name Cruces Federal 1 Nool Name, Including Formation Ended Lease Lease Name Cruces Federal 1 Lynch-Yates-7Ryxs Represented to the Location Represented to the Location Lynch-Yates-7Ryxs Represented to the Location Loca	Operator					Well	API No.				
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New Wait			TX 76307		en (Diene en l	-i-1					
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Lass New Cruces Federal Mail No. Pool Name, Including Formation Laste No. Last	If change of operator give name and address of previous operator	nillips Petr	oleum Com	pany,	001 Per	nbrook	Stree	t. Odes	sa.TX 7976		
Lass New Cruces Federal Mail No. Pool Name, Including Formation Laste No. Last	II. DESCRIPTION OF WEL	L AND LEASE									
Location Line Letter M 330 Peet From The South Line and 330 Feet From The West Line Section 26 Township 20 - S Range 34 - E NMPM. Lea County	Lease Name	Well No.	Pool Name, Include	ing Formation							
Unit Letter M : 330 Feet From The South Line and 330 Feet From The Line Section 26 Township 20-S Range 34-E NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Or Coordenate Authorized Transporter of Oil X Or Coordenate South Authorized Transporter of Oil X Or Of Coordenate South Authorized Transporter of Cataghead Gas X Or Of Coordenate South Authorized Transporter of Cataghead Gas X Or Of Coordenate South Authorized Transporter of Cataghead Gas X Or Of Coordenate South Authorized Transporter of Cataghead Gas X Or Of Coordenate South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized Transporter of Cataghead Gas X Or Of South Authorized South Authorized Gas X Or Of South Authorized South Authorized Gas X Or Of South Authorized Gas	Cruces Fede	ral 1	Lynch-Y	ates-7F	lvrs	Atres.	Federal ox Fe	ex LC-	066126C		
Section 26 Towards 20-S Range 34-E NMFM. Lea Coounty		0.00	_								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Comparison	Unit LetterM	: <u>330</u>	Feet From The	South Lin	e and330	F	et From The	<u> West</u>	Line		
Name of Authorized Transporter of Oil Address Gree address to whick approved copy of his form is to be sets! Texas = New Maxico Pipeline Company	Section 26 Towns	thip 20-S	Range 34-	<u>Е</u> , N	MPM,		Lea		County		
Texas New Mexico Pipeline Company Memor of Authoritor Transporter of Casinghas Gas Or Dry Gas Or Dr					e address to wh	ich anneauc	l come of this	form is to be a			
Name of Authorized Transporter of Casinghead Gas	<u>-</u>	21	L_I	ſ					eni)		
GPM Gas Corporation Well produced for liquids, Unit Sec. Twp. Reg. Is gas actually connected? When ? NA									ent)		
If well produces oil or liquids, Unit Sec. Twp. Res. Is gas actually connected? When? Proceedings to task. M. 26 20 S. 34 E. Yes. NA If this production is commissified with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res' Diff Res'v Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res' Diff Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth P.B.T.D. TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMENT ITUBING CASING AND CEMENTING RECORD ACTION OF THE SET OF THE SET SACKS CEMENT ITUBING CASING 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 1ft, etc.) Casing Pressure Casing Pressure Condensate/MKCF Gravity of Condensate Actual Prod. Test - MCP/D Length of Test Bibls. Condensate/MKCF Gravity of Condensate Oil - Oblts. Water - Bbls. Gas- MCF OIL CONSERVATION DIVISION Date Approved DEC 2 3 1993 By											
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spadded Date Compl. Ready to Prod. Date Spadded Date Completion - (X) Name of Producing Formation Total Depth P.B.T.D. Tubing Depth PETOTALION Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT TOTAL TEST DATA AND REQUEST FOR ALLOWABLE DIL 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 Oil - Bbis. Gas- MCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Uning Pressure (Shus-in) Caning Pressure (Shus-in) Coloce Size OIL CONSERVATION DIVISION Date Approved By	If well produces oil or liquids, give location of tanks.			Is gas actuall	y connected?		?				
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Printed Name	Signature John H. Bear V	ke-Presiden	_	DISTRICT I SUPERVISOR							
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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.