Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	٦	TO TRAN	NSPORT OIL	AND NA	TURAL G						
Operator								API No.			
Dan C. Berry 30-025-02505 Address											
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well	Titted to change girective date										
Recompletion	Oil Casinghead	_	Ory Gas Condensate	from	from $1/1/89$ to $\frac{2}{8}/1/88$						
Change in Operator											
and address of previous operator											
IL DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. Pool Name, Includi						f Lease No.				
W. H. Milner Federal	2 Lynch Yate			es Seven Rivers State,			Federal or Fee	NM-02127-A			
Location Unit Letter K	: 1650 Feet From The South Line and 1650 Feet From The West Line										
5											
Security 30 Township 200 Kange 34E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Permian Name of Authorized Transporter of Carin	mband Cor		- D-: C				TX 77001				
Name of Authorized Transporter of Casinghead Gas or Dry Gas None					Address (Give address to which approved copy of this form is to be sent)						
if well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?						
give location of tanks.	F	35	20S 34E	No	,		•				
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		1		·		·	·				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Mucina Form	nation	Top Oil/Gas Pay							
entrance (Dr ; resp., rr; Cr; est.)	,			Tubing Depth							
Perforations								Depth Casing Shoe			
1101 - 0.75	CEMENTI	NG RECOR									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			S.	SACKS CEMENT			
								·			
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 Producing Method (Flow, nump, eas lift etc.)											
Date File New Oil Rule 10 Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Press	Rure		Casing Pressu	re		Choke Size				
				-							
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D											
Acuss Prod. 168 - MCP/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
				,							
VL OPERATOR CERTIFICA	ATE OF (COMPL	IANCE								
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 JAN 2 6 1989							
, ,					Date Approved						
Donna Jake											
Signature				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Donna Holler Agent Printed Name Title						<i>1</i> 13	.a.c. 1 3 U P	-R 713UK			
1-24-89 505-393-2727											
Date		Telepho									

INSTRUCTIONS: This form is to be filed in compliance with Rule !104

- 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: