Submit 5 Copies
Appropriate District Office
|||STRICT |
| P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 8741 I.	REQ		•		BLE AND							
Operator									API No. 0-025-03997			
Address								-025-039	97			
		X 79702				(0)						
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator	Oil Casingher	_	Transpo Dry Ga Conden	. 🔲		et (Please expl	ainj					
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WEL	L AND LE	ASE								•		
Lease Name Well No. Pool Name, Inci Northwest Eumont Unit 100 Eumont Ya					State,			of Lease No. Federal or Fee				
Location		1 100	Lunk	nit rate	· · · · · · · · · · · · · · · · · · ·		Stat	е	<u>l</u>			
Unit Letter E	<u>. 1985</u>		Feet Fre	om The No	orth Lie	e and <u>660</u>	· F	eet From The	West	Line		
Section 12 Township 19S Range 36E				36E	, NMPM,			Lea County				
III. DESIGNATION OF TRA	NSPORTE	R OF O	I. ANI	D NATT	IRAL GAS							
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)							
Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleu	<u> </u>											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected? W		When	a? Unknown				
If this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease or j	ool, giv	e comming	ling order numl	ber:						
Designate Type of Completio	n - (X)	Oil Well	l o	ias 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 Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
· · · · · · · · · · · · · · · · · · ·					CEMENTING RECORD			CAOVO OFHICAT				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUI OIL WELL (Test must be after				il and must	be equal to or	exceed top allo	wahle for thi	s denth or he	for full 24 hour	re l		
Date First New Oil Run To Tank		Date of Test				thod (Flow, pu			, , , , , , , , , , , , , , , , , , ,			
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					<u> </u>			- 		- 4		
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				CE		NI CON	CEDV	ATIONI	211/1010	. N. O		
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 APR 28'92 Date Approved							
O.K. Ripley						Approved		FN BV 5	AV CLEIT	Pi.i		
J. K. Ripley Printed Name	mme Title				Title_	FIELD RI	EP. II	LU DI N	WI SWI	F1		
4/23/92 Date		(915)68 Telepi	37-71 hone No.		TILIO_	<u>-</u>			+·			

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.