Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	Energy, Minerals and N OIL CONSERV P.O. Santa Fe, New	New Mexico latural Resources Department ATION DIVISION Box 2088 Mexico 87504-2088	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
1000 Rio Brazos Rd., Aziec, NM 874 I. Operator	REQUEST FOR ALLOW	ABLE AND AUTHORIZAT	
	eson, Inc		Well API No. 30-025-04073
P. O. Box 247 Reason(s) for Filing (Check proper bo New Well Recompletion C K WOY & Change in Operator Change of operator give name and address of previous operator	79 Midland, x) Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Texas 79702 Other (Please explain)	
I. DESCRIPTION OF WEL	L AND I FASE		
Lease Name State A-26 Location	Well No. Pool Name, Inch	ding Formation Yates-SR-Q	Kind of Lease Lease No. State, Federal or Fee
Unit Letter		South _{line and} 660	Feet From The WestLin
Section 26 Town	ship 19-S Range 36	<u>-Е, ммрм, Le</u>	a County
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NAT	URAL GAS	· · · · · · · · · · · · · · · · · · ·
Conoco the ra	ma X or Condensate	Address (Give address to which app	proved copy of this form is to be sent) DS, New Mexico 88240
Name of Authonized Transporter of Ca El Paso Natural G	singhead Gas XX or Dry Gas	Address (Give address to which app	woved copy of this form is to be sent)
f well produces oil or liquide	1 *** · · · · · · · · · · · · · · · · ·	<u>F. U. BOX 1492</u>	EI Paso, lexas
ive location of tanks.			When?
V. COMPLETION DATA	at from any other lease or pool, give comming	gling order number:	
Designate Type of Completio		New Well Workover Deep	pen Plug Back Same Res'v Diff Res'v
base Spudded 6-17-91	Date Compl. Ready to Prod.	Total Depth 3993	P.B.T.D.
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3724-392	EUNONT. VATES-SR-Q	3724	Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD	SACKS OF USUR
12/14	10 3/4	172	SACKS CEMENT
	51/2	1337	425
TEST DATA AND REQUE		3818	425
LWELL (Test must be after	SI FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	he could a second second	
te First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas)	r this depth or be for full 24 hours.) lift. etc.)
igth of Test	T-1-91 Tubing Pressure	L PUMPIN	
24 HR		Casing Pressure	Choke Size
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
AS WELL		5	149
ual Prod. Test - MCF/D	Length of Test		
		Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
OPERATOR CERTIFIC hereby certify that the rules and regul Division have been complied with and s true and complete to the best of my		OIL CONSER	VATION DIVISION
Signature Sharon Beaver Braduation Claut		By ORIGINAL SIGNED BY JERRY SEXTON	
vinted Name July 16, 1991	<u>Production Clerk</u> 915/683-4 ^{TJJ} 47	DISTRICT	ISUPERVISOR
<u>JULY 10, 1991</u>		Title	· ···
	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 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.

JUL 2 2 1991

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