1	Pro min	,,	
Subriti 5 Copies Appropriate District Office DISTRICT I		New Mexico Natural Resources Department	Form C-104 Revised 1-1-39 See Instructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artenia, NM 88210		ATION DIVISION Box 2088	at Bottom of Page
DISTRICT III 1000 Rig Brazos Rd., Aztec, NM 874	Santa Fe, New	Mexico 87504-2088	TION Bond OK 4-2-93 Ilorene
I. Oterator	REQUEST FOR ALLOW	ABLE AND AUTHORIZAT	TION Jlavene
	ton Oil & Gas, Inc.		Well APINO. 30-025-04/13
P.O. Box 2071, Reason(s) for Filing (Check proper be		Other (Blue Lit)	
New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	U Other (Please explain)	
	Shell Western E & P Inc.,	P.O. Box 991, Housto	n, TX 77001
IL DESCRIPTION OF WE	LL AND LEASE Well No. Pool Name, Iaclu 2 Eumont	-	Kind of Lease State, Federal or Fee No. NM-333
Lignation Unit Latter 0	. 660 End End End	South 1650	MI=555
	: <u>660</u> Feet Prom The S nahip <u>19-S</u> Range <u>36-E</u>		Feet From TheLineCounty
IL. DESIGNATION OF TR Nems of Authorized Transporter of O	ANSPORTER OF OIL AND NAT	URAL GAS	ppromid copy of this form is to be sent)
Texas New Mexico Pip	eline Co.	P.O. Box 42130, H	ouston, TX 77042
Warren Petroleum	asinghead Gas 🛣 or Dry Gas 🥅	P.O. Box 67, Monu	proved copy of this form is to be sent) ment, NM 88265
If well produces oil or liquids,	Unit Sec. Twp. Rge	E. Is gas actually connected? Yes	When ? 5-19-82
Us production is commissied with the COMPLETION DATA	hat from any other lease or pool, give commin	gling order aumber:	
Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Clorations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·
IL WELL (Test must be after The First New Oil Rug To Tank	r recovery of total volume of load oil and mus	t be equal to or exceed top allowable.	for this depth or be for full 24 hours.)
cogth of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, ga Casing Pressure	s lýt, sic.) Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbis.	GM- MCF
AS WELL		1	
chual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
aing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. 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		OIL CONSEI	RVATION DIVISION
is true and complete to the best of my knowledge and belief.		Date Approved	APR 0 2 1993
Signature		By ORIGINAL MANNE OV JERRY SEXTON ORIGINAL MANNE OV JERRY SEXTON Title	
David H. Arrington - President Pristed Name 1/6/92 915 682-6685			2 1993
Dale	Telephone No.		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.