Submit 5 Coxies
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., Azzec, NM 87410

REQUEST FOR ALLOWARI E AND ALITHODIZATION

I.	nec					RITE AND MA						
Operator Au Engineering Cong. Address						LANDINA	TURAL		APINO. 0.025.04150			
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1210	11-6		กก	1.0	csor.	21/0						
Reason(s) for Filing (Check proper t		55 -	1) M	<i>[</i> [880	740 Du	es (Please ex	plain) -044.	4	-	 .	
New Well		Change i	n Trans	sporter o	of:	Transi	moter Hox	1 4 11	ise Hy	drocarto.	us to	
Recompletion Change in Operator	Oil Caningh		Dry						,			
f change of operator give name	Canada	ad Gas	Come	densate	<u> </u>	SACCO	on 3	-2-93				
and address of previous operator						· · · · · · · · · · · · · · · · · · ·				 -		
IL DESCRIPTION OF WE Lease Name	LL AND LE							1				
EME GOD	Well No.	Well No. Pool Name, Include						of Lease Lease No.				
Location		<u> </u>		HCVIU	<u>187 Qu</u>	† _ Sf	7 1	سوق ا	Tuzziai di Tee			
Unit Letter	:	olil	_ Feet :	From T	he	E Lin	e and	3/0 F	eet From The	<	Line	
Section / Toru	vnahip 20	-:			_				octron the		11ne	
		<i>)</i>		<u>e 3</u>			мрм,		<u> </u>		County	
III. DESIGNATION OF TR Name of Authorized Transporter of C	LANSPORTI	ER OF O	IL A	ND N	ATU	RAL GAS			•			
Bandera Ret	Inc	or Conde	nesie			Address (Giv	e address to v	vhich approved	copy of this fo	rm is to be se	ent)	
Name of Authorized Transporter of C	asinghead Gas		or Dr	y Gas		Address (Giv	e address to v	vkick approved	copy of this fo	- is to be a		
W ====1 == A		,							copy by the jo	IM IS ID DE SE	ou)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	-	Rge.	is gas actuali	y connected?	When	?			
f this production is commingled with	that from any or	her lease or	pool, g	zive con	mine	ing order sumi	her	L		-		
V. COMPLETION DATA	<u> </u>					ang order mulia						
Designate Type of Complet	ion - (X)	Oil Well		Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.			Total Depth	L		P.B.T.D.		<u> </u>	
Claret ADE DES DE CO									F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Form				MQ.		Top Oil/Gas Pay			Tubing Depth			
erforations					1			Depth Casing Shoe				
HOLE SIZE	TUBING, CASING HOLE SIZE CASING & TUBING SIZE				ND							
		CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
												
. TEST DATA AND REQU	JEST FOR A	LLOWA	BLE	;	اــــا		·		l			
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of to	tal volume o	of load	oil and	must	be equal to or a	exceed top all	owable for this	depth or be for	r full 24 hour	3.)	
ARE PUR NEW OIL RUE TO TANK	Date of Te	d				Producing Me	thod (Flow, p	ump, gas lift, e	tc.)			
ength of Test	SSUITE				Casing Pressur	re		Choke Size				
actual Prod. During Test												
count Proc. During 1est	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL						··· · · ·						
ctual Prod. Test - MCF/D	Length of	Test		 -		Bbls. Condens	ate/MMCF		Gravity of Co	aden sate		
Market Committee								Choke Size				
sting Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressur	e (Shut-in)					
I. OPERATOR CERTIF	ICATE OF	COMP	TAN	JCE	\dashv		-		L			
I hereby certify that the rules and re-	gulations of the	Oil Conserv	ation			0	IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with a is true and complete to the best of n	and that the inform	mation give	above	e						_		
a vili . I d						Date Approved MAR 65 1993					1993	
Dilly Walker					_	Orig. Signed						
Signature Children					-	By Geologist						
Printed Name			Title		-	Title	<u>C</u>					
Date		Telen	hone N	ło.	-	''						
					- 1							

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.

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MAR 04 1993

JOHN MODES TOTAL