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Appropriate District Office
DISTRICT 1
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

1000 Rio Brazos Rd., Aztec, NM I.	87410 REQ	UEST F	OR ALL	OWA	BLE AND	AUTHOR	RIZATI	ON			
Operator Operator		IO IR	ANSPOF	11 0	IL AND N	ATURAL (		Well API No.		·	
Panaco inc.							Î	0002505748 <del>00</del>			
Address Fac. Box 19	50 asa		graphic seedings.	Δĸ							
Reason(s) for Filing (Check proper	box)	l≡nd. -	LA 1.6.24	V O	<u> </u>	ther (Please ex			<del></del>		
New Well		Change is	Transporter	of:		uier (Please ex	piain)				
Recompletion	Oil		Dry Gas	$\mathbb{X}$							
Change in Operator	Casinghe	ad Gas	Condensate								
If change of operator give name and address of previous operator						<u> </u>	T				
II. DESCRIPTION OF W	ELL AND LE										
Etate AU Lom		Well No.			ling Formation Outgon 15a			Kind of Lease		Lease No.	
Location		<u> </u>	1		erere or or	A #2		State, Federal or F	· · · · · · · · · · · · · · · · · · ·	3-1533 1.	
Unit Letter	:	290 -	Feet From 7	The	Mar th Li	ne and	16501	Feet From The	Ше	estLin	
Section 30 To	wnship 19	<u> </u>	Range	3	7E , N	IMPM,	Lea			County	
II. DESIGNATION OF T	RANSPORTE	R OF O	IL AND N	IATU	RAL GAS						
Name of Authorized Transporter of	Oil /	or Conden		]			vhich appr	oved copy of this	form is to be	: seni)	
Name of Authorized Transporter of	Catinghead Gos	y L	or Dry Gas	_ <del></del>			<del></del>				
Phillips 36 Matu	-		GPM Gas	s Cor	DOTT CO	we <i>address to w</i> .     en brod	vhich appr	oved copy of this			
f well produces oil or liquids, ve location of tanks.	Unit	200 p a tr 2			1 4007	2 connected?		Udessa. /hen?	1 × /9/6	:2	
	that farm and other	,-			Y	es	i_		2-90		
this production is commingled with COMPLETION DATA	1 USE FOR MAY OUR	er seame or p	xool, give con	nmingi	ing onter num	ber:	<del>-</del>		<del>-</del>		
Designate Type of Comple	ction - (X)	Oil Well	Gas W	/ell	New Well	Workover	Deepe	n Plug Back	Same Res'v	v Diff Res'v	
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth	L		P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Cil/Gas Pay			Tubing Den	Tubing Depth		
erforations									Depth Casing Shoe		
			<u> </u>					Depui Casin	ig snoe		
HOLE SIZE	TUBING, CASING A										
HOLL SIZE	CAS	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
									<del></del>		
. TEST DATA AND REQ	UEST FOR AL	LOWA	BLF.								
IL WELL (Test must be a	fter recovery of total			must b	e equal to or	exceed top allo	mable for	this depth or be f	or full 24 ho	ners.)	
ate First New Oil Run To Tank	Date of Test	Date of Test				thod (Flow, pu	mp, gas lij	ft, etc.)			
ength of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
AC THELL											
AS WELL tual Prod. Test - MCF/D	I am all of T										
TIOU TOU THICKID	rengin of 16	Length of Test			Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
ting Method (pilot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
. OPERATOR CERTIF	ICATE OF C	COMPL	IANCE								
I hereby certify that the rules and re Division have been complied with:	egulations of the Oi	l Conservat	ion		0	IL CON	SER	ATION [	DIVISIO	NC	
is true and complete to the best of i	ny knowledge and	belief.	<b>=</b> ₩76		E)ate /	Approved	i				
Cond to	10 1				India 1	-PP-0400	<del></del>		<del></del>		
Signature	is out			-	Ely	<del></del>	• .	*		, est	
Printed Name	277	) < 1783 <b>Ti</b>	tie	-	<b></b>			* * .	**		
99-2 <u>1</u> -90			. <b>ue</b> -aga-55(	35 H	Title_						

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

Date

- 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.

Telephone No.

- 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.