Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSI	PORT OI	L AND NAT	TURAL G		fil NI-			
Operator							Well A	PI No.			
Ralph E. Erwin						30-025-07665					
Address											
	bbs, N	M 882	241		<u> </u>	(D)					
Reason(s) for Filing (Check proper box)			-		Othe	r (Please expl	ain)				
New Well		Change in									
Recompletion U Dry Gas U Effective May 1, 19											
Change in Operator	Casinghea	ad Gas	Conc	lensate				_			
If change of operator give name and address of previous operator Senr	ab. In	c. 20)1. N	. Big S	oring, M	idland	тх				
•								·			
II. DESCRIPTION OF WELL	AND LE	· · · · · · · · · · · · · · · · · · ·	T_ :				T 2				
Lease Name Well No. Pool Name, Include					_			State XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ease No.	
State Land Sec. 9		1	Во	wers Se	ven River	s South	oraco,		A-30	71	
Location											
Unit Letter N	: 990 Feet From The South					th Line and 2390 Feet I			From The West Line		
						,			· · ·		
Section 9 Township	19	9S	Rang	ge 381	E, N	ирм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil	X	or Conde	sale		į.			copy of this fo		ni)	
Navajo Refining Com				ry Gas			-	NM 8823			
Name of Authorized Transporter of Casing	1			copy of this form is to be sent)							
GPM Gas Corporation								TX 79762			
If well produces oil or liquids,	Unit Sec.		Twp. Rge		1 -	1 *		When ?			
give location of tanks.	N	9	19			es		1957			
If this production is commingled with that	from any od	her lease or	pool,	give commin	gling order numb	er:					
IV. COMPLETION DATA										_ <u>,</u>	
	an.	Oil Well	ı Į	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	_1		·	<u></u>	<u> </u>	1	<u> </u>	ļ	1	
Date Spudded	Date Com	ipl. Ready to	o 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	g Shoe		
										· ·	
		TUBING,	CAS	SING AND	CEMENTI	NG RECOR	STD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E							
OIL WELL (Test must be after r	ecovery of t	otal volume	of loa	d oil and mu					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To	est			Producing Me	ethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure				Casing Press.	Casing Pressure			Choke Size		
· ·	-							1			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.			Gas- MCF		
								·	••		
GAS WELL	71	Total			ID61- C3	sate/MACE		Gravity of C	'ondensate		
Actual Prod. Test - MCF/D	Length of Test				DOIS. CONGER	Bbls. Condensate/MMCF			Gravity of Condensate		
stine Method (pitat, back pr.) Tubing Pressure (Shut-in)				Casina hara	Casing Pressure (Shut-in)			Choke Size			
resting Method (pitot, back pr.)	Luoing Pr	errane (200	ц-Ш)		Casing Press	TIE (21104-111)		CHOKE SIZE			
	1							1			
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIA	NCE			JOEDY	ATION!	חווופור	N	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above						AUG 20 '92					
is true and complete to the best of my knowledge and belief.					Date	Date ApprovedAUG 20 92					
4 . 1											
Manna Halle	D	OBIOINIA	CIONER P	/ JEBRY CF	YTON						
Signature					gy-	By ORIGINAL SIGNED BY JERRY SEXTON					
Donna Holler Agent						DISTRICT I SUPERVISOR					
Printed Name		EAE .	Title	: -2727	Title						
8/19/92 Date			cphone								
Date ·		1 01	- PHOH	. 1 .	H						

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.

in multiple completed wells

RECEIVED
AUG 1 9 1992
OCD HOBBS OFFICE