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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	O TRAN	SPO	RT OIL	AND NA	TURAL G					
Operator SENRAB, INC.							1	API No. -02	5-07	-665	
Address 305 &	BOX 9	,	40	oill	TEXA	SAVE	MI	DLA	40,7	7970	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in Tra	insport y Gas ondens		Oth	et (Please expl	aln)				
II. DESCRIPTION OF WELL Lease Name STATE Location Unit Letter	AND LEA	Well No. Po		ne, Includi	ers - S ng Formation Oct (E)	_	Kind	of Lease Federal or Fe 390 et From The		ease No. 1-164 West Line	
Section Towns	nip 19	5 R	nge	38	E,N	MPM,	LEA	2	- <u></u>	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Casi Name of Authorized Transporter of Casi	nghead Gas	or Condensate	ib yE s	a e e e e e e e e e e e e e e e e e e e	Address (Giv	Padaress to w	hich approved	copy of this j	form is to be se		
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	v₽.	Rge.	Is gas actuall	<u> 65</u>	When	, -	158	, 7/166	
If this production is commingled with the IV. COMPLETION DATA	t from any othe						·			biren	
Designate Type of Completion	n - (X)	Oil Well	Ga	ıs Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to 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 Casii	Depth Casing Shoe		
	T	JBING, C	ASIN	G AND	CEMENTI	NG RECOR	LD				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUI	EST FOR A	LLOWAB	LE		he equal to or	exceed top all	awable for the	is depth or he	for full 24 hou	σς)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	11 67				Phis Conder	scate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATION I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	ulations of the old that the information	Oil Conservat	ion	CE					DIVISIO		
Signature D. BARNES to D. PRES. Printed Name Title //					By ORIGINAL SIGNED BY A SEXTON DISTRICT I SUPERVISOR Title						
$\frac{4-27-90}{Date}$	9	15-6, Teleph	one No	62/	# ''''						

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
- 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.

RECEIVE.)

APR 3 0 1990

OCD HOBBS OFFICE