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State of New Mexico inerals and Natural Resources Department Energ

n C-104 Ind 1-1-89

Well API No.

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berros Rd., Aziec, NM 87410

P.O. Dower DD, Assets, NM 88210

OF

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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ATOM	NEU MEVIO	יח פפי	265							
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completion $\square$	Oil		Dry Gas		NOD	TH MONUN	MENT G/S	A HNIT	RIK. 14.	#2.
inge in Operator	Casingheed C	<u>₩ U (</u>	Condens		NUN	TH MONOR	TENT U/S	N ONT	DEIX. 119	
nage of operator give tame address of previous operator		· · · · · · · · · · · · · · · · · · ·				, <del></del> ,				
DESCRIPTION OF WELL	AND LEAS	æ								
BLK	. 14	Vell No.	Pool Na	me, Includi	ng Formation			d Lesse		ase No.
NORTH MONUMENT G/SA		2	EU	NICE M	ONUMENT (	G/SA	State,	Federal or Fe	B-16	26 - /
cation	<u> </u>									
Unit Letter B	: 660	1	Feet Pro	m Tbe	NORTH Line	and198	80 Fe	et From The	EAST	Line
Section 36 Townshi	ip 198	1	Range	36E	, NIM	IPM, L	<u>EA</u>			County
. DESIGNATION OF TRAN	SPORTER	OF OI	L ANI	NATU	RAL GAS					
ime of Authorized Transporter of Oil	<b>₼</b>	or Condens			Address (Give	address to wi	hick approved	Copy of this	form is to be so	nd) 11
SHELL PIPELINE CORPO						BOX 264				
ame of Authorized Transporter of Casin		$\square$	or Dry	Clas []		address to wi				(MI)
WARREN PETROLFIIM CON		- · · · · · · · · · · · · · · · · · · ·	· <del></del>	<u>v =</u>		BOX 158			4102	
well produces oil or liquids, to location of tanks.		36	195	136 E	is gas actually	connected?	When	17		
this production is commingled with that			-							
. COMPLETION DATA	THOM MAY OUTS!	r resum or p	puci, grv	e community	hing carea primi					
. COMPLETION DATA		Oil Well	<del>-   7</del>	Jas Well	New Well	Workover	T Dames	Dive Deck	Same Res'v	Diff Res'v
Designate Type of Completion	ı - (X)	lon wen	1,	ME MEII	I New Mell	Workover	Deepen	I LINE DECK	Sallie Ver A	I KEST
ato Spudded	Date Compl.	. Ready to	Prod		Total Depth	L	.1	P.B.T.D.	_ <del></del>	_i
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evations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	
		According 10	<b>POLIBRITIN</b>		Top Oil/Gas	ray		Tubing De	pun	
				· · · · · · · · · · · · · · · · · · ·	Top Oil/Gas I					
					Top Oil/Gas I			Depth Cas		
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erformions		UBING,	CASI		CEMENTI	NG RECO			ing Shoe	
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erformions		UBING,	CASI			NG RECO			ing Shoe	MENT
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HOLE SIZE  HOLE SIZE  HOLE SIZE  LEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank  Leogth of Test  Actual Frod. During Test  GAS WELL  Actual Frod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and rug Division have been corrected with a	CAS CST FOR A recovery of tot Date of Tes Tubing Pres Oil - Bbls.  Leagth of T Tubing Pres CATE OF	LLOW/ Lal volume  to the control of	CASI JBING S  ABLE of load	oil and mus	O CEMENTI  Set be equal to or Producing M  Casing Press  Water - Bbis  Bbis. Condet	exceed top all ethod (Flow, pure	llowable for in the state of th	Depth Cas  his depth or b , etc.)  Choke Si  Gas- MCI  Choke Si  VATION	SACKS CEP  SACKS CEP  Se for full 24 ha	ners.)
HOLE SIZE  HOLE SIZE  TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank  Length of Test Actual Frod. During Test  GAS WELL  Actual Frod. Test - MCF/D  Setting Method (pitot, back pr.)  VI. OPERATOR CERTIFIC	CAS CST FOR A recovery of tot Date of Tes Tubing Pres Oil - Bbls.  Leagth of T Tubing Pres CATE OF	LLOW/ Lal volume  to the control of	CASI JBING S  ABLE of load	oil and mus	O CEMENTI  Set be equal to or Producing M  Casing Press  Water - Bbis  Bbis. Condet	exceed top all ethod (Flow, pure	llowable for in the state of th	Depth Cas  his depth or b , etc.)  Choke Si  Gas- MCI  Choke Si  VATION	SACKS CEP  SACKS CEP  Se for full 24 ha	ners.)
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ble 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.