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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
at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRAI	ISPORT OI	L AND NA	TURAL G					
Operator Penyuc C	il Ce	DEPON	ation		··· •	- 1	<b>API No.</b>	.5. 2	3122	
Address P.O.Bux			1	NM	88	241				
Reason(s) for Filing (Check proper box)		- 1			es (Please expl	ain)	·- ·- · - · - · - · - · - · - · · · · · · · · · · · · · · · · · · · ·			
New Well		Change in T	ransporter of:	_						
Recompletion Change in Operator	Oil Casinghead		Ory Gas  Condensate							
	tunta			30x 3	22, 1	Midla	nd. To	(79	1702	
II. DESCRIPTION OF WELL			0-9-		<del></del>				<del></del>	
Lease Name Government			ool Name, Includ	ing Formation	P	Kind	of Lease	L	ease No.	
Location	1 1	590	leas	ates	SKAP MO	ev. suite	COLINIO FEE	MINI	०ऽऽ०ऽ५३	
Unit Letter	_ :	<u>ဖြ</u> ပ န	eet From The	South	e and19	13 <sub>F</sub>	eet From The _	We	≥ + Line	
Section C Townsh	ip 20	5 S R	ange :	34E ,N	мрм,		L	عع	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	[X] _ '	or Condensa	e. C	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be se	ent)	
Name of Authorized Transporter of Casis		a h spo	Dry Gas	PO PSO x 60628, Midland TX 79"  Address (Give address to which approved copy of this form is to be sent)						
				Addicas (O.)			copy of this jo	THE ID DE S	<i></i>	
If well produces oil or liquids, give location of tunks.	Unit   :		wp.   Rge. 20134	is gas actually connected? When			?			
If this production is commingled with that	from any othe		ol, give comming	ling order numl	ber:					
IV. COMPLETION DATA		Oil Well	1 6 71 "	1			)			
Designate Type of Completion	- (X)	lon wen	Gas Well	New Well	Workover	Deepen	Piug Back  :	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas I	Pay		Tubing Depth			
Perforations	1			<u> </u>			Depth Casing	Shoe		
	77	IDING C	A CINC AND	CEMENTO	IC DECOR		<u> </u>			
HOLE SIZE		ING & TUBI		CEMENTING RECORD DEPTH SET			S	ACKS CEM	-NT	
	OTTO TO TO THE STATE OF THE STA									
	<del> </del>								<del></del>	
							<del> </del>			
V. TEST DATA AND REQUES OIL WELL (Test must be after to										
OIL WELL (Test must be after n  Date First New Oil Run To Tank	Date of Test	i volume of i	oad ou and must		exceed top allow thod (Flow, pure			r full 24 hou	<i>'s.)</i>	
Length of Test	Tubing Press	1198	-	Casing Pressur		<del></del>	Choke Size			
	Length of Test Tubing Pressure			•						
tual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<del></del>		-	<u> </u>						
Actual Prod. Test - MCF/D	Length of Te	et .		Bbis. Condens	ate/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
UI ODED AMOD CONTRACT	<u> </u>			! 						
VI. OPERATOR CERTIFICATION  I hereby certify that the rules and regulation between complied with and the strue and complete to the best of my keep to the best o	tions of the Oi	il Conservation ation given a	on.	С	IL CON	SERVA JUN 2	ATION D 8 1993	IVISIO	Ν	
1 / A A A	L	verel.	İ	Date	Approved					
Mata				By Orig. Migned by					-	
	- hicon t	1 / B	<i>es</i> .			Pau	d Kautz ologist			
Printed Name 6/25793	(5)	(3)39	5-359(	Title_				<del></del>		
Date		Telephor	ne No.							

## 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.

RECEIVED

JUN 25 1993

CO HOBBS

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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

•		IO IRA	ANSP	OHIOIL	AND NATURAL GA		DI M-	u-1-		
Operator Hunter Midkiff		Well API No. 30-025-23122								
Address										
P.O. Box 322, Mi		Texas	797	702						
Reason(s) for Filing (Check proper box)		Changa is	Tenner	norter of:	Other (Please expla	in)				
New Well Recompletion	Oil	Change in	Dry G							
Change in Operator	Casinghea	d Gas	Conde							
change of operator give name	aco Prod	ucing	Inc.	- P.O	. Box 728, Hobbs	, New M	exico 8	38240		
address or previous operator					•					
I. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool i	Name, Includi	ng Formation	Kind	of Lease	L	ase No.	
Government "N"		2			-Seven Rivers		Federal or Fee	• NM- 0	550543	
Location		<del></del>								
Unit Letter N	<u> </u>		_ Feet I	From The <u>SO</u>	uth Line and 1913	3 Fe	et From The	West	Line	
Section 19 Towns	hip 20 S		Range	e 34 E	, NMPM,	Lea County				
Section 19 Towns	<u>mp 20 0</u>	<u></u>	Kange	5 J. L	, inviting					
II. DESIGNATION OF TRA				ND NATU	RAL GAS Address (Give address to wh	Lich approved	com of this f	orm is to be se	et)	
Name of Authorized Transporter of Oil	<u> </u>	or Conde	nsate		P.O. Box 60628				,u,	
Texaco Trading & Tran Name of Authorized Transporter of Casi		TOU_	or Dr	y Gas 🔲	Address (Give address to wh				nt)	
If well produces oil or liquids, give location of tanks.					When	When ?				
f this production is commingled with that	N N	L				, <b>L</b> .,				
V. COMPLETION DATA	a from any oc		, poor, g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	- (30)	Oil We	11	Gas Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		pl. Ready	o Prod		Total Depth	<u> </u>	P.B.T.D.	<u></u>	<u> </u>	
Date Spudded	Date Com	pi. Ready	io riou.				A			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing I	ormatic	OND.	Top Oil/Gas Pay	Tubing Depth				
D. G						Depth Casing Shoe				
Perforations										
		TUBING	, CAS	ING AND	CEMENTING RECOR	D				
HOLE SIZE	C.F	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT				
								<del></del>	<del> </del>	
							<del> </del>	<del></del>		
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLI	E			:- ddb <b>b</b> a	for full 24 hou	(TC)	
			e of load	d oil and mus	t be equal to or exceed top all Producing Method (Flow, p	owable for in ump. eas lift.	is aepin or be eic.)	jor juli 24 nou	<i>us.)</i>	
Date First New Oil Run To Tank	Date of T	est			Troubling Mondo (1 100) pr					
Length of Test	Tubing Pr	ressure			Casing Pressure		Choke Size			
					Water - Bbls.	Gas- MCF				
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bots.					
CARWELL					1					
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF		Gravity of	Condensate		
· · · · · · · · · · · · · · · · · · ·						Chaka Sina				
Testing Method (pitot, back pr.)	Tubing P	ressure (Sh	ut-in)		Casing Pressure (Shut-in)	Choke Size				
	10175	F 60:		NOT	1		1			
VI. OPERATOR CERTIF					OIL CO	NSERV	<b>ATION</b>	DIVISIO	NC	
I hereby certify that the rules and re Division have been complied with a	nd that the inf	ormation g	iven abo	ove			• • • •			
is true and complete to the best of n	ny knowledge	and belief.			Date Approve	ed	MA	<u>Y 30 1</u>	<u> </u>	
Sion I	40									
<del></del>	Je (0,00				Ву			BY JERRY		
Signature Lianne Giles			Agen			Į.	nsikici i	SUPERVISC	rK	
Printed Name		(915)	Title		Title					
May 25, 1989			elephon							

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