State of New Mexico Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

Section   3 Township   19-5 Rangs   39-5   NAPPN.	1000 Rio Brazos Rd., Aztec. NM 874		WABLE AND AUTHORIZAT	TION
Mouse for Full (Corporative Control of Contr		10 TRANSPORT	DIE VIAD IAVI OUVE OVO	
Does 3052. Rm 17.182   Mouston. Tawas 77259-3092    Local Does 2052. Rm 17.182   Mouston. Tawas 77259-3092    Local Does 2052. Rm 17.182   Mouston. Tawas 2052. Rm 17.182   Content proper boos)    Wall   Change in Transporter of Change in Transporter of Completion   Disposal Completion   Disposal Completion   Disposal Condensate				30-025-26481
House Control   House Contro				77453 2022
Change in Transporter of Casinghead Ges Ond Transporter Change Effective December 1, 1993  Tongetion Growing in Control of Casinghead Ges Ond Condesses December 1, 1993  DESCRIPTION OF WELL AND LEASE  BY SHIP BY 18		Houston,		//253-3092
Col Transporter Change Effective Described is a Condensate map in Operator (or summer Language of Operator (or summer Language	ison(s) for Filing (Check proper box)			
Consideration  Control grown and properties of provided green.  DESCRIPTION OF WELL AND LEASE  Well No.  Pool Name, Including Formation  Until Letter D.  Seeting 3 Township 19-\$ Range 39-\$ .NMPM.  Lies NMP Lea, NMM C.  Seeting 3 Township 19-\$ Range 39-\$ .NMPM.  Lies NMP Lea, NMM C.  Lips NMP Lea, NMM Right Lea, NMM C.  Lips NMP Lea, NMM Right Lea, NMM C.  Lips NMP Lea, NMM Right Lea,	w Well		Oil Transporter Char	nge Effective December 1, 1993
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Met No.   Pool Name, Including Portunation   State, Federal or Pas   Production   Production   State, Federal or Pas   Production   State, Federal or Pas   Production   Production   State   Production   Production   State   Production   Production   State   Production		AND LEASE		I No
Byers   A   Byers   A   Byers   A   Byers   A   Byers   A   Bestion  Condensate  Designate Type of Completion - (X)  Bestion Date Compl. Randy to Producing Formation  Designate Type of Completion - (X)  Byers   And And Required Test Producing Formation  TUBING. CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  CASING PRESSURE  CASING FORMAL  ACRUS PROBLEM THE SIZE CONDENS OF CONDENS OF CASES OF CASES OF CONDENS OF CASES OF CA		Well No.   Pool Name, Ir		State, Federal or Fee
Unit Letter D   560   Feet From The North   Line and   735   Feet From The   Vives   Section 3   Township   19-5   Range   38-E   NMFM.   Lea, NM   C.    I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Condensate   Cond		31	Hobbs Drinkard	Poe
Unit Letter   0   660   Feet From The North Line and   700   Feet From the Section   3   Township   19-\$   Range   38-E   NMPM.   Loo, NM   C.    I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Address (Give address to which approved copy of this form is to be sent)   P. O. Box \$208, Hobbs, NM \$8241   P. O. Box \$208, Hobbs, NM \$208	cation		705	Feet From The West Lin
Section 3 Township 19-S Range 38-E NMFM. Les, NM C.  If. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  The of Authorized Transporter of City or Condensate District to which approved copy of this form is to be zent)  A childred Services  The of Authorized Transporter of Casinghead Gas or Dry Gas District Transporter of Casinghead Gas or Dry Gas District Transporter of Casinghead Gas Or Dry Gas District Transporter of Casinghead Gas Dry Gas Dry Gas District Transporter of Casinghead Gas Dry	Unit LetterD	: 660 Feet From The	e North Line and /35	Feet From The
Section 3 Township 19-9 Kangs   State			29 E NA/68/	Lea, NM Count
me of Authorized Transporter of Oil or Condensate P. O., Box \$508, Hobbs, NM \$8241  A cliffed Services  me of Authorized Transporter of Casinghead Ost or Dry Gas Address (Give address to which approved copy of this form is to be seaso  me of Authorized Transporter of Casinghead Ost or Dry Gas Address (Give address to which approved copy of this form is to be seaso  well produces oil or liquids, Unit or Dry Gas Is gas actually connected?  When?  When?  When?  When?  Oli 19 38 18 38 Yas  Ol-16-83  This production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Depth Casing Shoe  TUBING. CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIT Test must be drifter recovery of used volume of load oil and must be saual to or exceed ton allowable for this depth or be for fall 24 hours  Producing Medod (Plon. pump. gas lift, etc.)  Producing Medod (Plon. pump. gas lift, etc.)  GAS WELL  GAS WELL  GAS WELL  GAS WELL  GAS WELL  GAS WELL  Actual Prod. Test MCF/D  Length of Test  Tubing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date of Test  Tubing Pressure (Shut-in)  Date Of Test  OIL CONSERVATION DIVISION  Date Approved  DEC 0 6 1993  DISTRICT 1 SUPERVISION  Title  Trick  Tr	Section 3 Townshi	p 19-5 Range	38-C INMIFMI,	
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well produces oil or liquids, b	me of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which	h approved copy of this form is to be sent)
well produces oil or liquids,  Discovery to location of tentak.  Discovery to location of the lease or pool, give sommingling order number:  V. COMPLETION DATA  Oil Well Gas Wall New Well Workover Deepen Plug Back Same Res v. D. Date Spudfed  Date Compl. Ready to Prod.  Date Spudfed  Date Compl. Ready to Prod.  Date Office Compl. Ready to Prod.  Depth Casing Depth  Tubing Depth  Tubing Depth  Tubing Depth  Tubing CASING AND CEMENTING RECORD  HOLE SIZE  CASING & Tubing SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL Greet must be after recovery of total volume of load oil and must be squal to an exceed ton attenuable for this depth or be for full 24 hours  Producing Method (Flow, pump, gas lift, etc.)  Date of Test  Length of Test  Length of Test  Actual Prod. During Test  Oil - Bols.  Water - Bols.  Oil Conservation Division have been compiled with and that the information given above is true and complate to the best of my knowledge and buller.  Signature  Denote Mame  (713) 366-76855  Title	BMOT VE CRESSORS OF THE TENT			Whan?
this production is commingted with that from any other lease or pool, give commingting order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Date Compt. Ready to Prod.  Date Spudded  Date Compt. Ready to Prod.  Date Compt. Ready to Prod.  Total Depth  P.B.T.D.  Despita Depth  Depth Casing Shoce  TUBING. CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Test must be after recovery of total volume of load oil and must be quied to or exceed top altinuable for this depth or be for full 24 hours  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete with and that the information given above is true and complete to the best of my knowledge and belief.  Steff Assistant  Title  Finite  Title  T	well produces oil or liquids,	304.	- 1	
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TUBING. CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  DEPTH SET  SACKS CEMENT  Producing Method (Flow. pump. gas lift, etc.)  Choke Size  OIL CONSERVATION DIVISION  DEC 0 6 1993  DEC 0 6	erforations			Depth Casing Shoe
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DIL WELL  Test must be after recovery of total volume by these states.  Date First New Oil Run To Tenk  Dete of Test  Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Length of Test  Casing Pressure (Shut-in)  Choke Size  Testing Method (pitot. back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Printed Name  Title  Casing Pressure  Choke Size  OIL CONSERVATION DIVISION  Date Approved  DEC 0 6 1993  Date Approved  District 1 Supervisor  Title  Title  Title  Title	HOLE SIZE	CASING & TUBING SIZE	E DEFIN SET	
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Length of Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Water - Bbls.  Gas - MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Printed Name  Casing Pressure  Choke Size  OIL CONSERVATION DIVISION  Date Approved  DEC 0 6 1993  By Jerry  DISTRICT 1 SUPERVISION  Title  Title	Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pu	mp, gas up, cu.)
Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Gas - MCF  Gas - MCF  Gas - MCF  Gas - MCF  Gravity of Condensate  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Choke Size  Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Staff Assistant  Title  Title  Title  Title  Title  Title  Title	<del></del>		Carles Brown	Choke Size
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Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature Devina M. Princs  Staff Assistant Title  Title  Title  Title  Title  Title  Title	Actual Prod. During Test	Oil - Bbls.	77 RIGI - MOIS.	
Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature Devina M. Princs  Staff Assistant Title  Title  Title  Title  Title  Title  Title  Title				
Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Staff Assistant  Title  Title  Title  Title  Title  Title			Phile Condenses MANCE	Gravity of Condensate
Testing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Staff Assistant  Title  Title  Title  Title  Title  Title  Title  Title		Length of Test	pois. Condensate/Militor	1
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature Devina M. Princs  Staff Assistant Title		/ms := \	Casino Pressure (Shut-in)	Choke Size
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Staff Assistant  Title  Printed Name  Title  Title  Title  Title  Title  Title	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Guerrie Francia (ann. 22)	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Devina M. Prince  Staff Assistant  Title  Printed Name  Title  Title  Title  Title  Title  Title		THE OF COMMITTEE		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Devina M. Princs  Staff Assistant  Devina M. Princs  Staff Assistant  Title  Printed Name  (713) 366-7685  Title  Title	VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL COM	ISERVATION DIVISION
Signature Devina M. Princs Staff Assistant Title Printed Name  Date Approved  By  Date Approved  By  Title  Title  Title  Title  Title	I hereby certify that the rules and	regulations of the Oil Conservation		
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Devina M. Princs  Title  Printed Name  (713) 366-7685  Title  Title	Signature			DIOTECT
Printed Name (713) 366-7685 Title	Devina M. Prince		11	DISTRICT I SUPERVISOR
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Telephone 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 1104 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 filled for each pool in multiply completed wells.