## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

**. ** ***** ***			
DISTRIBUTION		1-	1
SANTA PE		1	$\vdash$
PILE		1-	-
U.S.Q.1.		_	<del> </del>
LAND OFFICE		1	-
TRANSPORTER CIL		_	-
	GAS		
OPERATOR			_
PROHITA HORE	ю		

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

touts taken on the well in accordance with BULE 111.  All sections of this form must be filled out completely for allow able on new and recompleted wells.  Fill out only Sections I. U. III. and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	OPERATION GAS	REQUEST F	OR ALLOWABLE	,		
Description Company (Company Company Company Company Company Constituting (Check proper box)    Change in Ownership   Change in Transporter of:   Change in Ownership   Change in Transporter of:   Change in Ownership   Change in Ownership   Change in Change in Change in Change in Ownership   Change in Owners	PROHATION OFFICE			IDAL CAS	•	
Compete the street of the st						
Competition	Amoco broduction Co	mpany		• :	•	
Change in Transporter of: Onl   Dry Cas   Condensate	f.O. Box 68. Hophs	New Mexico 882	240			
Precompletion   Oil   Dry Cas   Condensate		Change to Transcript	1 /1			
If change of ownership cive name and address of previous owner.  II. DESCRIPTION OF WELL AND LEASE  Leave Normal And Services owner.  III. DESCRIPTION OF WELL AND LEASE  Leave Normal And Services owner.  III. DESCRIPTION OF WELL AND LEASE  Leave Normal And Services owner.  III. DESCRIPTION OF WELL AND LEASE  Leave Normal And Services owner.  III. DESCRIPTION OF WELL AND LEASE  Leave Normal And	Recompletion		Dry Cas Request	allouinble +	o produce	<i>l</i> .
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Lipo of Section 5 Township 19-5 Ronge 38-E , MMPIA, LOA County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Now of Authorized Transporter of City of Congenials of Congenial	Location TOOOS (CO)TI LINIT	MODE COLD	<del>/</del>	State, Federal or Fee	State	A-1212-1
Line of Section 5 Township 19-5 Range 38-E NMPIA.  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  None of Authorized Transporter (p.Cl) (No or Condensate)  Adject (Give address to which approved copy of this form is to be sent)  None of Authorized Transporter (p.Cl) (No or Condensate)  Adject (Give address to which approved copy of this form is to be sent)  None of Authorized Transporter (p.Cl) (No or Division National Sent Sent Sent Sent Sent Sent Sent Sent	Unit Letter : 1568	Feel From The South LI	ne and	Feet From The	Dest.	
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Newfood Authorited Transported Gas Sor Dry Gas Address (Gibylanders) to which approved copy of this form is to be sent?    Newfood Authorited Transported Case Sor Dry Gas   Address (Gibylanders) to which approved copy of this form is to be sent?    If well produces oil or liquids,	Nar. o ci Authorased Transporter at Cii	or Condensate	Asgres (Give address	to which approved copy	of this form is to i	be senti
Il well produces oil or liquida.  Univ   Sf.   Well   Sp.   When   Sp.	Name of Authorited Transporter of Chaingne	Gas Or Dry Gas	Address (Givenandress	P. Habba NA	100741	a grande i
If this production is commingled with that from any other lease or pool, gry commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.  All this is a request for allowable for a nowly drilled or despensed will, this form must be accompanied by a tabulation of the deviation of the deviation.  All the form must be accompanied by a tabulation of the deviation of the well in accomplainted with AULE 1111.  All exections of this form must be filled out completely for allowable on nerve and recomplainted wells.  Fill out only Sections I, II, II, and VI for changes of condition well name or number, or transporter, or other such changes of condition.		DUNG FEFECTIVE EL	#199001 Rentero	ok Dous	TV 19	1/2/
NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.  APPROVED  JAN 1 7 1986  TO PRIGNAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  This form is to be filled in compliance with null constitution of the deviation of the deviation of the deviation of the deviation of the sound to an every and recompleted wellow.  All sections of this form must be filled out completely for allowed to an every and recompleted wellow.  Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such changes of condition.	in Ash troopices off of fidning	5/5 195 381	is the beiderity connecti	od? When	-01	<u>'@1</u>
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VI. CERTIFICATE OF COMPHANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.  APPROVED JAN 1 7 1986  EY ORIGINAL SIGNED BY JERRY SEXTON  TITLE  This form is to be filled in compliance with null complete to the deepened will, this is a request for allowable for a nowly drilled or deepened will, this form must be accompanied by a tabulation of the devisition of the				number:	<u> </u>	
APPROVED JAN 1 7 1986, 19  Letting and belief.  APPROVED JAN 1 7 1986, 19  PISTRICT I SUPERVISOR  This form is to be filled in compilence with null 1104.  If this is a request for allowable for a newly drilled or despensed to the form must be accompanied by a tabulation of the deviation of the on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of condition wall name or number, or transporter, or other such change of condition.	*		011 0	DNCEDVATION D		
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Il and porter of other agen change of condition	Junuary 15: 198	(e	Fill out only e	actions I II III	a im fac. i	
Separate Forms C-104 must be filed for each pool in multiply	$\mathcal{O}_{\cdot}$		Separate Forms	The state of the s	at enrit rubulle O	Condition.

71. 001			• •
IV. COMPLETION DATA	<u> </u>	•	
Designate Type of Comp	letion - (X) Oil Well Gas Y	ell New Mell Morroset Deebe	n Plug Back Same Heary, Diff. Rea
Data Epuaded	Date Compi. Rocay to Prod.	Total Depth	
Elovations (DF, RKB, RT, GR, et	1-14-81	4094	P.B.T.D. 11
1 36/3.5 GK	Granding-San Andres	Top Oll/Cas Pay	Tubing Depth
Periorations	Graguing-san Amares	39/6	3977
3976'-4078'			Depth Casing Shoe
	TUBING, CASING	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
26"	14"	40'	SACKS CEMENT
12/4"	85/8"	15011	4yds. Kedi-Mijo
77/8"	5/2"	10011	11005X Clauc
·	23/8"	3000	9503X Class A
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must	he after recovery of soul and	oil and must be equal to or exceed top cilcu
Data First New Oil Run To Tenta	able for th		
1-7-86	1-14-86	Producing Mathod (Flow, pump, 80	is lift, etc.)
Length of Tust	Tubing Processe	Humping	
24hrs		Cosing Pressure	Chose Size
Actual Pred. During Teat	Oii-Ehis.	Water-Hbla.	
36BBh	25	// //	Gas-MCF
GAS WELL			
Actual Prod. Teet-MCF/D	Longin of Test		
		Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Ghuz-in)	Casing Pressure (Shut-in)	
		Lianguis (DDAC-TV)	Choke Size

Afterna 10 86

## NCLINATION REPORT

OPERATOP _	AMOCO	PRODUCTION COMPANY	ADDRESS BOX 68	HOBBS, N. M. 88240
LEASE NAME		S.H.U.	WELL NO. #203 FI	ELD
LOCATION		LEA COUNTY, NEW	MEXICO	
DEPTH		ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
423	*	0.25	0.44 *	1.8612
900	*	0.75	1.31 *	8.1099
1375	*	1.25	2.18 *	18.4649
1590	*	1.50	2.62 *	24.0979
2076	*	1.50	2.62 *	36.8311
2546	*	1.75	3.05 *	51.1661
304B	*	2.00	3.49 *	48. 4859
3450	*	2.00	3.49 *	82.7157
3944	*	2 25	7 07 v	02./13/

3.93 \*

5.23 \*

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

2.25

3.00

CACTUS DRILLING COMPANY TITLE Nanci Jenkins/Drilling Secretary

102.1299

109.9749

AFF IDAVIT:

4094 \*

NANCI JENKINS Before me, the undersigned authority, appeared\_\_\_ known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever

> AFF LANT'S SIGNATURE

Sworn and subscribed to in my presence on this the\_

GARLIN R. TAYLOR Notary Public, State of Texas My Commission Expires: 7-5-80

Notary Public in and for the County of

Midland, State of Texas

ALCENTED LOSS OF THE STATE OF T

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