Submit 5 Copies
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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Wel								API No.			
								30-025-30063			
Address											
P.O. Box 730 Hobbs.  Reason(s) for Filing (Check proper box)	New Mex	ico 882	40-252	28	X Oth	or /Plages expl	ain)				
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  EFFECTIVE 6-1-91											
Recompletion	Oil		ry Gas		Ľ.f.	CECTIVE	0-1-91				
Change in Operator	Casinghea	di Gas 🔲 C	ondensate								
If change of operator give name and address of previous operator Tex	aco Pod	Julin	14.	P.O.	Box 73	O Hobb	s, New	Mexico 88	240-25	28	
II. DESCRIPTION OF WELL	AND LEA						<b>-</b>				
Lease Name    Well No.   Pool Name, Includi   Wilder   Wilder   Pool Name, Includi					ng Formation			Kind of Lease State, Federal or Fee		ease No. 5943	
Location	/5	2D	•	(	٦ عم		<u> </u>		E	<del></del>	
Unit Letter	_ :/_/	F	eet From T	he 🔟	DV/ Line	and/	// Fe	et From The	L431	Line	
Section /3 Township	190	S R	ange }	bE	, NI	мРМ,	· · · · · · · · · · · · · · · · · · ·	104		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rge.			is gas actuali	y connected?	When	?			
If this production is commingled with that	from any oth	er lease or po	ol, give co	mmingl	ing order numl	oer:					
IV. COMPLETION DATA		1									
Designate Type of Completion	- (X)	Oil Well	Gas V	Vell	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
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 Casing Shoe			
			. ania			VA PROOP					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI	DEPTH SET	ת	CA	SACKS CEMENT		
HOLE SIZE	SLE SIZE CASING & TUBING SIZE					DEF IN SET		SAUNO CEMENT			
					<u></u>						
V. TEST DATA AND REQUES									£.!! 34 £	)	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		ioaa ou an	ia musi		exceed top and thod (Flow, pu			Juli 24 nou	<i>rs.)</i>	
Date 11134 146W Off Ruth 10 Tells Date 01 Test						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
Length of Test	Tubing Pressure				Casing Press.	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					l		., <u>.</u> , .,				
Actual Prod. Test - MCF/D Length of Test					Bbls. Conden	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				3			ISERV	ATION D	יואופוכ	)VI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date ApprovedJUN 0 3 1991						
man.					SIGNED BY JERRY SEXTON						
Signature M.C. Duncan Engineer's Assistant					By ORIGINAL SIGNAL STRICT I SUPERVISOR						
Printed Name Title						Title					
7-8-91		393	07191			***************************************					

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 accord 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.