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

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

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 TO TRANSPORT OIL AND NATURAL GAS

)perator						Well API No.					
Western Reserves	30 025 311				70						
Address	JJJ 001	· · · · · · · · · · · · · · · · ·	IO •								
P. O. Box 993, Mi	dland.	TX 79	702								
Reason(s) for Filing (Check proper box)					Othe	т (Please expla	in)				
New Well		Change in	Transp	orter of:	Ann	nouncemer	nt of ca	singhea	d gas co	nnection	
Recompletion	Oil		Dry G	as \square				J 4	5		
Change in Operator	Casinghead	Gas 🏻	Conde	nsate 🗌							
If change of operator give name											
and address of previous operator								····			
II. DESCRIPTION OF WELL A			10 11 64 1								
Lease Name		Well No.	1		ng Formation Research Kind of						
Nadine "25"	1	Nac	<u>dine Dri</u>	nkard Abo State, F			ederal or XXX 23108				
Location						1000					
Unit LetterK	. <u>1980</u>		Feet F	rom The SC	outh Line	and 1980	Fe	t From The	west	Line	
				705			1			Country	
Section 25 Township	, 195		Range	38E	, NN	ирм,	Lea			County	
	CD C DWEI		TT 43	TEN BIAMMET	DAT CAC						
III. DESIGNATION OF TRAN	SPORTE			ND NATU	Address (Giv	address to wh	ich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Oil or Condensate Sun Refining & Marketing Co.						Address (Give address to which approved copy of this form is to be sent) 2415 East Hwy 80, Midland, TX 79701					
		y co. [X]	or Dra	" Cas	Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Casinghead Gas X or Dry G Warren Petroleum Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, TX 79702					
wall produces oil or liquids, Unit				Roe	Is gas actually connected? When						
give location of tanks.	I K I	1 25 19		38E	6-5			02-91			
If this production is commingled with that i					· · · · · · · · · · · · · · · · · · ·	рег:		<u> </u>			
IV. COMPLETION DATA	nom any our	DI 10000 01	Poor, B								
IV. COMINZIIO.		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i		i	İ	į į			1	
Date Spudded	Date Comp	l. Ready to	o Prod.		Total Depth	L		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casii	ng Shoe		
TUBING, CASING AND					CEMENTI			CARLO CENTRAT			
HOLE SIZE CASING & TUBIN				SIZE	DEPTH SET			SACKS CEMENT			
									······································		
	T FOD	11011	ADI					L			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLOW	ABLI	년 :!	the equal to on	exceed ton all	owable for the	s depth or be	for full 24 hor	urs.)	
			oj ioad	a ou ana mus	Producing M	ethod (Flow, p	ump, eas lift,	etc.)			
Date First New Oil Run To Tank	Date of Te	SI.			1 roducing 1/1	cu io c (1 1011) p.		,			
Land of Text	Tubing Pressure			Casing Pressure				Choke Size			
Length of Test	Tubing Pre	ssure			Canaga Trans						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Frod. During Test											
					.1			· · · · · · · · · · · · · · · · · · ·			
GAS WELL					Instance :	- cote A IV CC		Gravity of	Condensate		
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
7.11. h			I=3		Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	mic (Mint-III)					
					4			1			
VI. OPERATOR CERTIFIC	CATE OF	F COM	PLIA	NCE			NSERV	ATION	DIVISION	ON	
I hereby certify that the rules and regu	lations of the	Oil Conse	ervation	t		OIL COI	VOLITY	AHON	DIVION	O14	
Division have been complied with and that the information given above					11				1	A 3	
is true and complete to the best of my knowledge and belief.					Date	e Approve	ed] 	
LT.K					Bv	<u> </u>	No. 27 P.	Res (****)			
Signature Christopher P. Renaud Engineer					-, -				ч		
Printed Name Title					Title	9					
10-02-91 (915) 685–3	211				<i></i>				-	
Date		Te	lephone	e No.	- 11						

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.