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

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTAL	ANSPI	ORT O	L AND N	ATURAL (
LONG TRUSTS				II api n o. 30-025-3	API No. 10-025-31173						
Address P. O. BOX 1336	, KILGORE	, TEXAS	5	7566	52						
Reason(s) for Filing (Check proper b						her (Please ex	-1-:-1				
New Well	•	Change in	Transpo	orter of:				. 7	· ·		
Recompletion	Oil		Dry Ga		2,	T tela	- trat	e alles	and in t		
Change in Operator	Casinghea	ad Gas	Conden								
f change of operator give name		10 048	Conden	isate	//	102.y 19	11/		· 		
nd address of previous operator I. DESCRIPTION OF WE	II AND IE	A CIE									
Lease Name	LL AND LE		Pool No	nma Inalud	t F				·		
C.B.M. 1 ABO 2								d of Lease 6,XF&dera Kor Fe	of Lease No. Faderakor Fee Lease No.		
Location P	46	57			* "		·				
Unit Letter	:	 -	Feet Fn	om The 🗀	outh Li	ne and $\frac{467}{}$	/	Feet From The	East	Lin	
Section 24 Tow	raship 198		Range	37世	,1	ІМРМ,	LEA			County	
II. DESIGNATION OF TR	ANSPORTE	R OF O	II. ANI	D NATU	IDAL CAS					Codiny	
value of Authorized Transporter of C	λi ~Y.—	or Conden	sate	C	Address (G)	ve address to v	which approve	ed name of this	C		
SUN REFINERY & MARKETING Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2039, TULSA, CK. 74102						
	asinghead Gas		or Dry (Gas	Address (Gi	ve address to w	vhich approve	d copy of this j	form is to be s	ent)	
well produces oil or liquids, Unit Sec. Twp. ve location of tanks. 24 198				Rge. 37 E	Is gas actually connected? When?						
this production is commingled with	that from any oth	er lease or i			1	h					
V. COMPLETION DATA	·		r , g - · ·	· vonunug	ang order nur						
Designate Type of Complete	on - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Pate Spudded		ol. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.	I		
rations (DF, RKB, RT, GR, etc.) Name of Producing Formation					7- 010						
3					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
		UBING.	CASIN	G AND	CEMENT	NC PECOD	<u> </u>	1			
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE									
					DEPTH SET			SACKS CEMENT			
TEST DATA AND DEGL	TEGE BOD :							-			
TEST DATA AND REQUIL WELL (Test must be after	EST FOR A	LLOWA	BLE					<u></u>			
ate First New Oil Run To Tank	er recovery of lot	al volume o	f load oil	l and must	be equal to or	exceed top allo	owable for the	s depth or be f	or full 24 hou	rs.)	
Date of Yest					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pres	Tubing Pressure				re		Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF			
A C TI/TET I								1			
CAS WELL ctual Prod. Test - MCF/D	11 - 1- 7 - 7 -							•			
riod. Test - MCF/D	Length of Test				Bbls. Conden	ate/MMCF		Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I ODED A TOP CO											
I. OPERATOR CERTIFI	CATE OF (COMPL	IANC	CE				·			
I hereby certify that the rules and res	gulations of the O	il Concerva	tion			IL CON	ISERV	ATION E	NISIO	NI	
Division have been complied with an	nd that the inform	ation given	above				/	OIY L	7 1 V 1 O 1 O	1.4	
is true and complete to the best of m	y knowledge and	belief.			.	•	i	MARIE	11117.		
it I Bolk	00				Date	Approved	d	han bear i			
Signature					By Part to						
Printed Name MAY 1, 1991		AGMNT	itle				. Leolo	gist			
Date 11, 1991	903-9	984-50 Teleph			litle_						
		i eleph	one 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
- 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.