Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

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

Content   Cont	I.	RE	QUEST TO TF	FOI RAN	R A ISP	LLOW. ORT C	ABLE AND	ATUBAL	RIZATI	ON				
Address P. O. Box 51810 - Hiddland, TX 79710  Resource for Filing (Creek proper box)  New Wall  Recompletion Ol	Operator Meridian							Well API No.						
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Consequence   Cut   Change in Consequence   Cut   Cu	Reason(s) for Filing (Check proper b	( 51810 -			-			ther (Please ex	plain)		<del></del>			
If Addings of Operator give autor  II. DESCRIPTION OF WELL AND LEASE  Hat Mesa State  Hat Mesa Delaware  Socion  Socion  Socion  Socion  Township  Township  Socion  Township  Township  Township  Socion  Township  Tow	Recompletion		X	X D	ry Ga	s 🗆								
H. DESCRIPTION OF WELL AND LEASE  Leash Name  Hat Mesa State 2 Well No. Pool Name, including Formation  Hat Mesa State 2 Hat Mesa Delaware State, Fisheral or Fee V-1613  Location  Julia Lease No. 1940 Feet From The South Lise and 1940 Feet From The Mest 1:10  Section 32 Township 20-5 Range 33-E NoPM. Leas Commy  Mill DESTGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Oil Transporter of Oil Condensus Authorited Transporter of Oil Condensus Authorited Transporter of Casinghand Cas XX or Dry Clas Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Give address to which approved corpy of that form is to be sent)  Address (Giv	If change of operator give name	Catingr	nead Gas	a	onden					<del></del>				
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Unit Letter   South Line and   1980   Feet From The   West   Line Section   32   Township   20-5   Range   33-E   NMFM,   Lea   County    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Chainghead Gas   TX   Or Condensate   Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Since of Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Since of Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Since of Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Since of Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Since of Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Since of Authorized Transporter of Chainghead Gas   TX   Or Dry Gas   Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this form as to be sens)    Address (Give address to which approved copy of this sens)    Address (Give address	Hat Mesa St	<u>ate</u>		. Po	ol Na Hat	me, Inciu Mesa	ding Formation Delawar	 i е			Fee			
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this production is communiqued with that from any other lease or pool, give communiquing order number:    Verification   Verif	f well produces oil or liquids, ive location of tanks.		•			Rge.	it gat schall	y connected?				762		
Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  L. WELL.  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Depth Casing And Criev.  Date of Test  Did - Bbis.  Water - Bbis.  Water - Bbis.  SWELL  Depth Casing Pressure  Choke Size  OPERATOR CERTIFICATE OF COMPLIANCE horders and regulations of the Oil Conservation wintoo have been completed with and that the information given above time and complete to the bear of my knowledge and belief.  Date Approved  DISTRICT EXTRACTOR  DISTRICT EXTRACTOR  Title  Tubing Pressure  Tubing State Completion of Completion of Conservation of Conse	this production is commingled with the		her lease or	pool,	give	comming	Yes	ber:			2-19	-93		
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Richard Atchley - Prod. Assistant inted Name  6-2-93  915-638-6944  Title  Title	s true and complete to the best of my	knowledge and	belief.		•		Date A	pproved	<del></del>	JUN ·	- 4 1	993		
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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.