DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Form C-104 and C-110

ILLEGIBLE

1. OPERATOR OFFICE

Reason for filing (Check proper box)
New Well
Recompletion
Change of Ownership

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name: Hasta Unit 320 — Well No. — Pool Name, Including Formation: Eddy — Kind of Lease: Fed — Lease No.: LC031620b

Unit Letter: C — 660 — Feet From The — Line and 1980 — Feet From The — Line

Section: 12 — Township: 21 — Range: 27E, N.M.P.M.

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

INJECTION WELL

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 this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion: (X)

Date Spudded — 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

Perforations

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks — Date Test — Producing Method (Flow, pump, gas lift, etc.)

Length of Test — Tubing Pressure — Casing Pressure — Choke Size

Actual Prod. During Test — Oil-Bbls. — Water-Bbls. — Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D — Length of Test — Bbls. Condensate/MMCF — Gravity of Condensate

Testing Method (pitot, back pr.) — Tubing Pressure (Shut-in) — Casing Pressure (Shut-in) — Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature

Operator

Title

Date

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.