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

000 Rio Brazos Rd., Azzec, NM 8/410	REQU	JEST FO	OR A	LLC CD)WAB	LE AND A	UTHO	ZIAC	ATION S			ľ	
Operator	AND NATURAL GAS				Pl No.								
BABER WELL	ĮΥ					30-025-07727							
P.O. BOX 17	772	новв	S, 1	NM	8	38241							
leason(s) for Filing (Check proper box)			**		-^	XXX Othe	r (Please	explai	1)				
New Well	Oil	Change in	Dry G			СĦ	ANGE	ΟF	OPERA	TOR EF	F TAN	1/4 103	
Lecompletion U Deange in Operator		14 OM 📋				<u></u>	ANGL	01	OILKE				
	SABA E	ENERGY	, I	NC.	. 4	500 W.	ILLI	NOI	s #205	MIDLA	AND, TA	X 79703	
I. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name STATE U	Name		Well No. Pool Name, Including							of Lease Federal or Fee		9652	
Location	_ <u></u>		l	110	7031	DRIME	. ICD						
Unit Letter P	.:	660	Feet F	From	The S	OUTH Line	bas	66	<u>0</u> Fe	et From The _	EAST	Line	
Section 2 Township	20-	- S	Range	B	38-	E , N	ирм,		LI	EΑ		County	
						DAT CAS							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	or Conde	ILA!	ן עא	NA IU	Address (Giv	e addres:	lo whi	ch approved	copy of this fo	rm is to be se	int)	
SCURLOCK PERMIAN COR	P AAAA			I	_J 	P.O. B	OX 46	548 ,	HOUSTO	N. TX 7	7210-46	48	
Name of Authorized Transporter of Caring	thead Gas	- XXX	or Dr			Address (Giv	e addres: + v R c	r <i>to whi</i> anle T	ch approved Cover	copy of this fo 201 Main	Ft Wo:	rth, TX	
SID RICHARDSON GARBO	Unit	Sec.	Twp.		Rga.	is gas actually	y connec	ted?	When	7		76102	
give location of tanks.	F	12	20	_Ĺ	38	No							
f this production is commingled with that	from iny o	ther lease or	pool, g	pive c	omming	ling order numi	ber:			 -	<u></u>		
V. COMPLETION DATA		Oil Wel		Gas	Well	New Well	Works	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i_			<u> </u>	i	i		<u></u> _			
Date Spudded	Date Con	npl. Ready t	o Prod.	•		Total Depth				P.B.T.D.	:		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay				Tubing Dept	Tubing Depth		
Perforations	<u> </u>										Depth Casing Shoe		
		<u></u>	CAS	TDIC	ANID	CEMENTI	NG RE	CORI		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET				5	ACKS CEM	IENT	
NOLE SIZE													
										 			
	-				-	 							
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E					bla for th	ie denth ar he l	for full 24 hou	ers.)	
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of		e of loa	d oil	and mus	Producing M	exceed (F	low, pu	mp, gas lift,	eic.)	- Jan 14 110		
Date First New Oil Run 10 1ank	Date of	CM								Choke Size			
Length of Test	Tubing P	Tubing Pressure					Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbl	Oil - Bols.				Water - Bbis.				Gas- MCF			
C + C VITTL 1	_L					<u> </u>							
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Choke Size			
annual (kana) annu k. A													
VI. OPERATOR CERTIFIC					CE			201	ISERV	'ATION	DIVISION	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							٠,٣ ،	J ()			1 0 1993		
is true and complete to the best of my	knowledge	and belief.				Date	aaA e	rove	d				
MARA							- ·						
Signature Signature						By_	1.46	rd. '	· 🐝 () // ,)-	7	 		
Signature G.A. Baber		Pre	eside			11				• • • •			
Printed Name 03/03/93	(505) 392-	Tide 5516			Title							
Date	()0)		lephon										

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, ransporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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