#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
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OPERATOR			-
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# OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

#### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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•						
Other (Pi	lease explain)					
		ective				
ondensate OCT	ober 1, 1987					
. O. Box 670,	Hobbs, NM 88240					
	Kind of Lease	· · · · · · · · · · · · · · · · · · ·	Legas No.			
- 5 K	State, Federal or Fee	State	E-8322			
Jalmat Field Yates Sand Un 1/3 Jalmat Tyrk State State E-8322 Location Unit Letter K: 1980 Feel From The Jourk Line and 2310 Feet From The Wist						
<u>33E, NI</u>	MPM,	Lea	County			
	to thick approved	(.)				
			D De sentj			
			o be sent)			
		9761				
Is gas actually conr YES	1	own				
	Ory Gas Condensate Own Octo	Condensate October 1, 1987   Condensate October 1, 1987   . O. Box 670, Hobbs, NM 88240   Formation Kind of Lease   State, Federal or Fee   ne and310 Feet From The   35E NMPM,   L GAS   Address (Give address to which approved copy of P. O. Box 2528, Hobbs, NM 8   Address (Give address to which approved copy of 4001 Penbrook, Odessa, Tx 7   Is gas actually connected?   When   Yes	Ownership change effective October 1, 1987   Output   State   Numput   Lea   LGAS   Address (Give address to which approved copy of this form is to the approved copy of this form is to the approved copy of this form is to the address (Give address to which approved copy of this form is to the address actually connected?			

NOTE: Complete Parts IV and V on reverse side if necessary.

### **VI. CERTIFICATE OF COMPLIANCE**

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

Rike thite
partices (Signasure)
(Tule) (0-1-87
(Date)

OIL	CONSERVATIO		N	
APPROVED	3018	1.367		
BY		ie W. Sec	1 <b>y</b>	
	011 &	Gas Insp	ector	

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 AULE 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 auch change of condition-

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

# IV. COMPLETION DATA

IV. COMPLETION DATA		1 OII Well	Gas Well	New Well	Workover	Deepen	Plug Buck	Same Restv. Ditt. Restv
Designate Type of Completion	on — (X)	• • ·	1		•	1		
Date Spuddod	Date Compl	. Ready to F	Prod.	Total Depti	1	<u> </u>	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·
Elevations (DF, RKB, RT, GR, ctc.)	Name of Pr	oducing Form	nation	Top Oll/Go	s Pay		Tubing Dep	th
Perforations	<u> </u>		<u></u>	<u>_</u>	<u> </u>		Depth Casi	ng Shoe
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	>		
HOLE SIZE CASING & TUBING SIZE		NG SIZE		DEPTH SE	T	S/	ACKS CEMENT	
	+							
	i							

# V. 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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Hun To Tanks	Date of Test	Producing Mathod (Flow, pu	Producing Mathod (Flow, pump, gas lift, etc.)		
. Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	. <u></u> .	
Actual Pred, During Test	Oil-Bbis.	Water - Bblo.	Gao • MCF		

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contiensate
Testing Method (pitot, back pr.)	Tubing Pressure (simt-is)	Casing Procews (Shat-10)	Choke Size