Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico y, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410

Santa Fe, New Mexico 37504-2088

<u>I.</u>	nec				OIL AND V				1			
Operator	<i></i> 0111 C	Well API No.										
Address					·				30025	0874	6	
0 0	59	γ	nid	land	21/	70706						
Reason(s) for Filing (Check proper box	<u>,</u>	/	na	<i>LUNC</i>		Other (Please	explain)					
New Well Recompletion		Change	 -1	sporter of:			, ,					
Change in Operator	Oil Caninghe	L end Gas [با Dry ا C⊶ر	Gas 🗵 densate								
If change of operator give name		Can O25 _		DEDINE								
and address of previous operator										· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	L AND LE											
1	Well No. Pool Name, Inc 2 7 Cumor				_ /				t of Lease Lease No.			
Location			1.0	MW n	<u>r wul</u>	W H	is_				- 1534	
Unit Letter	: <i>/</i>	1980	_ Feat i	From The _	ناك_	ne and/	1980) ;	eet From The	E	Line	
Section 2 Towns	hin 22	2 ς	D -	e 36	<i>E</i> .		£,		ar rom rik			
1000			Range			MPM,	01	w	 		County	
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL A	ND NATU	JRAL GAS							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										seni)		
Name of Authorized Transporter of Can	nghead Gas	FECTIVI	E or Text	oferitik 1	1000 (Gi	we address to	which o	DOFONE	com of this f	arm is to be	sent)	
Name of Authorized Tenaporter of Car Philage 66 Natu	al bas	comp	an	/	4001	Pentiro	ok	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Odessa	2 ×	79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actual	-	,	When	?	4-90		
If this production is commingled with the	from any oth	er lease or	pool. gi	ive comming	line order from	aber		l	7)	4-90		
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	D	epen	Plug Back	Same Res v	Diff Res'v	
Date Spudded		al. Ready to	Prod	· · · · · · · · · · · · · · · · · · ·	Total Depth	I			(DDTD			
		, ,							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Performions									Depth Casing Shoe			
									Depai Casing	Sicc		
HOLE OLE	TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
		~···									·	
V. TEST DATA AND REQUES	T FOD A	LLOWA	DIE		·							
OIL WELL (Test must be after n				oil and must i	be equal to or .	exceed top all	iowable	for this	depth or he fo	r full 24 hour	re)	
Date First New Oil Run To Tank	Date of Test				Producing Niethod (Flow, pump, gas lift, etc.)							
Length of Test	Tukina Danasa				Casing Pressure				Choke Size			
	Tubing Pressure				Caking Pressure				Croce Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
C 4 0 33300 -	<u> </u>							1				
GAS WELL Actual Prod. Test - MCF/D	II											
The sur-ment	Langth of Test				Bbls. Condentate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
								!				
VI. OPERATOR CERTIFICA	ATE OF C	COMPL	JAN	CE	\circ		ICEI	Ο\/A'	TION D	NICIO	A !	
I hereby certify that the rules and regular Division have been complied with and the	at the informs	ation given	above		O	IL CON	ıo⊑i	אער	I ION D	111210	IN	
is true and complete to the best of my knowledge and belief.					Date Approved					<i>l</i> 19 1990		
$C_0 = C_0 = C_1$	has	1.										
Signature Ceal O. Yarbrough Sr. Amalyst Printed Name Title (Car) 18					By							
Ceal O. yarbon	1gh	<u>dr.</u>	ana	ULS+			2.4					
11-8-90	(0	915) 68	ше 6 - 5	583	Title_							
Date	<u>\</u>	Telepho		.								

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.