STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	ON		
SANTA FE			
FILE			
U.B.G.B.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	I	
OPERATOR			
PROBATION OFF	HCE		

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

IL DESCRIPTION OF WEIL AND LEASE Lease Name E-M-E SWD "H" 20 Monument San Andres State, Federal or Fee State Lease No. E-M-E SWD "H" 2475 Feet From The North Line and 165 Feet From The East Line of Section 20 Township 20S Ronge 37E NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gos or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquide, qive location of tons. If while production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interby certify that the rules and regulations of the Oil Conservation Division have been compliced with and that the information given is true and complete to the best of my knowledge and belief. DISTRICT I SUPERVISOR TITLE This form is to be filled in compliance with AULE 1104. If this is a request for sillowbie for a newly drilled out completely for allowable on new and recompleted wells. Fill out only sections, I. II. III, and VJ for changes of owner,	PROBATION OFFICE	AUTHOR	RIZATION T	O TRANS	SPORT OIL A	UTAN DN	RAL GA	S		
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New Well New Completion Change in Transporter of: Change in Ornership Change i		os, New 1	Mexico	88240						
Recomplation	Reason(s) for filing (Check proper box	r)			01	her (Please	e explain)			
Change of ownership Cosingheed Gas Condensors	New Well	Change i	n Transporter	of:						
III. DESCRIPTION OF WELL AND LEASE Lease Nome E-M-E SWD "H" 20 Monument San Andres State, Federal or Fee State Lease No. Lease Nome Lease No Lease N	Recompletion	OII		[ory Gas					
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March 28, 1985 Fill out only Sections I, II, III, and VI for changes of owner,		le)			All se	ctions of	this form	must be fille		
(Decel	March 28, 1985	1			Fin	out only S	ections	I, II, III, end		

completed wells.

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	T Same Besty	Diff. Res'v	
Designate Type of Completi	on - (X)	On wen	i Gas well	i vew well	HOLEDAGE	Boopen	l lid Bock	t	1	
Date Spudded	Date Compl. Ready to Prod.			Total Dept	h		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Go	s Pay		Tubing Depth			
Perforations	1						Depth Casing Shoe			
		TUBING,	CASING, AN	D CEMENT!	NG RECOR	D				
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	Т	S	ACKS CEME	NT	
				 			<u> </u>			

7. TEST DATA AND REQUEST	FOR ALLO	WABLE (Test must be a able for this d	ifter recovery epth or be for	of total volu full 24 hours	ne of load oi	l and must be e	qual to or exc	eed top allow	
Date First New Oil Run To Tanks	Date of Tea	t		Producing Method (Flow, pump, gas			lift, etc.)			
Length of Teet	Tubing Pres	**W*		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil-Bbla.			Water - Bbis.			Gas-MCF			
	.1			J						
GAS WELL	· · · · · · · · · · · · · · · · · · ·			Tax				Condonada		
Actual Prod. Tost-MCF/D	Length of T	eet		Bble. Cond	eneate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	swe (Shut-	-in)	Casing Pre	sawe (Shut-	in)	Choke Size			

APR -1 1985

APR OFFICE