Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		UINA	1110	PONT OIL	AND INA	TUNAL GA		API No.			
Operator CARR WELL SERVICE, INC.								30-025-320004			
Address								<u> </u>			
P. O. BOX 6	9090,	ODES	SA,	TEXAS		9-9090 et (Please expl	ain)				
Reason(s) for Filing (Check proper box) New Well		Change in	Tmn	morter of:		ci (rieuse expu	um,				
New Well Change in Transporter of: Recompletion Oil Dry Gas											
Change in Operator	Casinghead			densate							
If change of operator give name											
and address of previous operator II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Include					_			Kind of Lease State Federal For Fee		ease No.	
Gulf Mattern Location		Τ		TIIKai	<u> </u>						
Unit LetterJ	_ :1	1650	Feet	From The _E	ast Lin	e and1	980 F	eet From The	Sout	hLine	
Section 30 Township 21S Range 37					E , NMPM,			Lea		County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	IX I	or Conden			1	e address to wi					
Phillips Petroleum Company - Trucks											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company					Address (Give address to which approved Box 1589, Tulsa,				form is to be se 101	ent)	
If well produces oil or liquids,				. Rge.				en ?			
give location of tanks.	Jj	30	21	IS 37E	Yes		i	8/29/	63		
If this production is commingled with that if IV. COMPLETION DATA	rom any othe	r lease or	pool,	give comming!	ing order num	ber:			,		
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod		Total Depth	<u></u>	. l	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						· · · · · · · · · · · · · · · · · · ·		Depth Casin	ng Shoe		
•					_						
TUBING, CASING AND											
HOLE SIZE CASING & TUBING				SIZE	DEPTH SET			SACKS CEMENT			
								 			
								 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLI	E			ahla fam shi	a denth or he	for full 24 hour	rc)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of load	d oil and must	Producing Me	exceed top allow thod (Flow, pu	mp, gas lift, e	etc.)	101 Juli 24 110W	73.7	
Date First New Oil Rull 10 Talik		, ,	7.0	ŕ							
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			
results (paos, each pr.)											
VI. OPERATOR CERTIFICA				NCE		DII CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Doto	Approve	4	JUL	26, 4 (
11 1 11 1 1						Approved					
John S. Goodrich					By ORIGINAL SIGNED BY JERRY SEXTON						
John S. Goodrich - Agent					By_	ORIN	DISTRI	GT I SUPER	VISOR		
Printed Name Title 7/1/92 (915) 682-2830					Title			wen) t	
7/1/92 Date	() - 3 /		phone								

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.