

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE		
U.S.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Baber Well Servicing Co.

Address  
P. O. Box 1772 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please Explain) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-89 UNLESS AN EXCEPTION TO R-4079 IS OBTAINED.</b>
<input checked="" type="checkbox"/> Recompletion <b>Re-entry</b>	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howse "C"	Well No. J	Pool Name, including Formation Howse Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>20S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11
	Twp. 20	Rge. 38
Is gas actually connected? <b>No</b>		When Pending El Paso

If this 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

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.

  
(Signature)  
President  
(Title)  
January 4, 1989  
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 05 1989**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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 deviated tests taken on the well in accordance with RULE 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 such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
							X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
	Howse Drinkard		6896			7120			
Perforations						Depth Casing Shoe			
6896-7033									

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-20-88	12-26-88	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	20#	15	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
68	45	23	TSTM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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JAN 5 1989

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