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 Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM	87410 REQU	JEST F			BLE AND	AUTHOR	IZATION				
I.		TO TRA	NS:	PAT OI	L AND NA	TURAL C					
Openior ACVAT B=G=D 011 & (30-025-22888					888					
Address											
P. O. Rox 597 Reason(s) for Filing (Check prope) 6, Hobbs, rbaz)	, New	Mex	ica 8	8241 X Ou	het (Please 1007	lain)				
New Well	·	Change is	Тязыр	orter of:	_		•				
Recompletion	Oil		Dry G	_	Chan	ge of (Operato	r			
Change in Operator	Casinghee	4 Gas	Conde					 .			
If change of operator give name and address of previous operator			lora	tion	umpan	•	L Lamar as 7701	•		, Housto	
II. DESCRIPTION OF W Lease Name	ELL AND LEA	Well No. Pool Name, Include			ine Formation		Kind	of Lease of	of Lease Fee Lease No.		
Art Yeager		1			* Drin	Kard.	State,	Federal or F			
Location Unit Letter J Section 2.5 T	: 19		Foot Pro	om The 37E	South:	e and	1980 F	set From The	Eas	t Line	
III. DESIGNATION OF T	RANSPORTE	R OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of		or Condens				e address to w	hick approved	copy of this	form is to be	: seri)	
Phillips Petro	cks	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Texaco \ Produett	Casinghead Ges	∑© (or Dry (Ges	Address (Giv	w <i>eddress to</i> w Rox 30	<i>hich approved</i> ○○○ T11	l copy of this ∫	klaho	na 74102	
I well produces all or liquids,		Sec.	Twp.	Rge	le gas actuali		When		KIAHU	na /4102	
ive location of tanks.	J/0	25		37E	Yes	y coesiacisc) WARE	1970			
this production is commingled wit	h that from any othe	r lease or p			ing order numi	ber:	F		(Byc)		
V. COMPLETION DATA									1,701,4		
		Oil Well	a	es Well	New Well	Workover	Deepen	Ping Back	Same Res'	v Diff Res'v	
Designate Type of Comple		<u> </u>				<u> </u>			<u> </u>	i	
Date Spudded	Date Compl.	. Ready to I	Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casin	& 2pos		
	77	TRINIC (ZA CIN	CAND	CE) CENTO	IC PECCIP	D	<u> </u>			
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
HOLE SIZE CASING & 101			A110 01		DEF IN SEI						
							·			12.7	
. TEST DATA AND REC											
IL WELL (Test must be a state First New Oil Russ To Teak	ther recovery of total	i volume of	load oi			exceed top allo thod (Flow, pu			or juli 24 M	MFS.)	
ER Life Laba Off Why 10 1set	Dame of 1em				1 Iconorad was	and (s.m., h.	udo ama alas m				
ength of Test	Tubing Press	Tubing Pressure			Cosing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbis.	Oil - Bbis.			Water - Bbis.			Gas- MCF			
AS WELL		<u></u>					·	! <u></u>			
ctual Prod. Test - MCF/D	Leagth of Te	Length of Test				Bbls. Condemnts/MMCF			Gravity of Condensate		
sting Method (pitet, back pr.)	Tubing Press	iin (Shut-ii)		Casing Pressu	n (Shut-in)		Choks Size			
				İ							
L OPERATOR CERTI	FICATE OF C	OMPL	IANO	Œ							
I hereby certify that the rules and	regulations of the Oi	E Conservat	ion		0	IL CON	SERVA	TION I	DIVISK	NC	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					APR 07'92						
ne true and complete to the best of	my mowiedge and	PARIAT.			Date .	Approved	i	MEN U	1 04		
P. 11.	0,1			1							
Crawford Cula					By CREEN NAMED TO A MERCITOR						
Crawford Culp	Pr	eside					1847 : 32°	Call Mark R			
Printed Name 3-17-92	30	70 2-517	itle 6		Title_						
3-17-92 Date			om No.								

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 tubulation 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.