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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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| GAS WELL Actual Prod. Test - MCF/D Length of Test Bills. Condensate/MMCF Gravity of Condensate Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Printed Name 04/12/93 Oil Conservation Oil CONSERVATION DIVISION Date Approved UIL 2 7 1993 By Orig. Signed by Paul Kautz Geologist Title Title Title Title | Length of 164 | | | | | | | | | | | |
| GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Production Analyst Printed Name 04/12/93 Geologist Title Title Title Title Title | A coll Double Torr | Oil - Bbls. | | | | Water - Bbis | | | Gas- MCF | | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | Actual Prod. During Test | | | | | | | | | | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | | ⊥ | | | | <u> </u> | | | <u> </u> | | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Color SERVATION DIVISION Date Approved JUL 2.7 1993 By Orig. Signed by Paul Kautz Geologist Title 04/12/93 (915) 682-6324 | GAS WELL | | | | | | | | | | | |
| VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Color Manue | Actual Prod. Test - MCF/D | Length of Test | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Color Manue | | Tubing Pressure (Shut-m) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUL 2.7 1993 Signature Robin S. McCarley Production Analyst Printed Name 04/12/93 (915) 682-6324 OIL CONSERVATION DIVISION Date Approved JUL 2.7 1993 By Orig. Signed by Paul Kautz Geologist Title Title | Testing Method (pitot, back pr.) | | | | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUL 2.7 1993 Signature Robin S. McCarley Production Analyst Printed Name 04/12/93 (915) 682-6324 OIL CONSERVATION DIVISION Date Approved JUL 2.7 1993 By Orig. Signed by Paul Kautz Geologist Title Title | | | | | | <u> </u> | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUL 2.7 1993 By | VI OPERATOR CERTIFIC | ATE O | F COM | PLIA | NCE | | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUL 2.7 1993 By Orig. Signed by Paul Kautz Paul Kautz Geologist Title 04/12/93 (915) 682-6324 | · · | | | | | | OIL CON | ISERV | ATION | DIVISIO | NC | |
| Signature Robin S. McCarley Printed Name 04/12/93 Paul Kautz Geologist Title O4/12/93 Date Approved JUL 2.7 1993 By Orig. Signed by Paul Kautz Geologist Title Title Title | Division have been complied with and | that the info | ormation gi | ven abo | ve | | | | | | | |
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| Paul Rautz Production Analyst Title Title O4/12/93 (915) 682-6324 Title Titl | • | - | | | | Date | 4 Whhinne | n Aff | <u> </u> | J | | |
| Paul Rautz Production Analyst Title Title O4/12/93 (915) 682-6324 Title Titl | Polin 1 m | ncca ~ | (1,.,) | , | | | | aim | ed b v | | | |
| Robin S. McCarley | Signature . | -uc | yey | | | By_ | | mg. Sign | utz | | | |
| Printed Name Title Title | | Pr | oduction | n Anal | lyst | | | Ceolog | ist | | | |
| 04/12/93 (915) 682-6324 | | | | Title | | Title |) | G CONTA | | | | |
| Date Telephone No. | 04/12/93 | <u> </u> | (915) 68 | 32 - 632 | 24 | ''" | | | | | | |
| | Date | | Te | lephone | No. | | | | <u></u> | | | |

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.

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