Submit 5 Cones Appropriate Listing Office DISTRICT P.O. Box 1930, Hoods, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised I-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87-	4:0	Sa	inta Fe, I	New M	exico 875	04-2088					
I.	" AEC	OUEST F	OR ALL	OWAE	BLE AND	AUTHOR	ZATION				
Operator		_	HINSPU	RI OIL	AND NA	TURALG		API No.			
SOUTHWEST R					30-025-23664						
c/o P.O. Bo		Midla	nd, Te	exas	79702						
Reason(s) for Filing (Check proper b	as)	Change is	Transport			er (Please exp			100		
Recompletion	Onl	Circulation	Dry Gas	er ol:	Request a	authority d	to sell ap	oproximately er_disposal	1960	bbls	
Change in Operator If change of operator give name	Санпыл	cuá Gas 🗌	Condensa	ile 🗌	OI SKIII (JII 11 ON 6	Salt water	er disposal	racility	'• 	
and address of previous operator	TY AND I	2462					-				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, In					ng Formation		Kınd	of Lease	1.	tase No.	
Cities Fede	ral	1 1			rs & Queen			XXXXX Federal ox 1944		LC030132B	
Unit Letter		2310		n The	South 330		330	Feet From The We			
Section 20 Tow	و،الالام	25	Range	36E			Lea	octrom the		Line	
						МРМ,	<u> </u>		·	County	
III. DESIGNATION OF TR	λi ⊸-'χ<-,	OF O or Conde	IL AND	NATU		e addess to w	hich approved	1 0000 0(1) 0 (00			
Name of Authorized Towns	. <i>1</i> 915				Address (Give address to which approved in the fix 771, 160h)			Vou 38340			
Name of Authorized Transporter of C	atinghead Gas	<u> </u>	or Dry G	• =	Address (Gir	e address to w	hich approved	copy of this for	n is to be se	N)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 225	Rge. 36E	ls gas actual)	y connected?	When	?			
If this production is corruptingled with IV. COMPLETION DATA	that from any c	itier lease or				ber:					
		Oil Well	Gar	s Well	New Well	Workover	Deepen	Plug Back S.	me Rec'u	Diff Res'v	
Designate Type of Complete Date Spudded		npl. Ready to			Total Depth	<u>i </u>	!	1	THE AGS V	Dill Resv	
		rotal Depth			P.B.T.D.						
Elevations (DF, RKB, KI, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		TURING	CASING	AND	CENTENITO	NC DECOR		!			
HOLE SIZE	C,	ASING & TL	JBING SIZ	E	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
			·····								
											
V. TEST DATA AND REQU	JEST FOR	ALLOW	ABLE								
	ter recovery of	iotal volume		and must	be equal to or	exceed top allo	owable for this	s depih or be for	full 24 hour	T.)	
Date I had new On Run 10 12ng	Date of T	CM			Producing Me	ethod (Flow, p.	ντο, gas lýt, e	etc.)			
ength of Test Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test Oil - Bols.					Water - Bbls.		Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D	Length o	Tasi			DN: C.	A 0 (OF	-				
					Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilos, buck pr.)	back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	TCATE O	F COMP	LIANC	E				.			
I hereby cerufy that the rules and re	extilations of the	c Oil Conser	vation			DIL CON	ISERV	AT!ON D	IVISIO	'N	
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			ME 27 1994			
Kiti	7 (Lici				Daib	- Applove	<u> </u>		··		
Signature	<u> </u>				Ву_	0.310	1214: 515	NED DY JERR	V 6859	<u> </u>	
Kate Ellison Probled Name		lgent	Title		T:41 -			NED DY JERR T I SUPERVIS		i7 4	
Date	(915		-6381		Title.			ar e de la companya	المراجعة		

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
- 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.



MAY 2 = 1994

OFFICE