+									
Submit 5 Copies Appropriate District Office	Energy		New Mexico			Form C	-104		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			Natural Resources Department		Revised 1-1-89 See Instructions				
DISTRICT II	OIL	CONSERV	<b>ATION DIVISI</b>	ON		at Botto	m of Page		
P.O. Drawer DD, Astenia, NM 88210		<b>P.O</b> . 1	Box 2088	•••					
DISTRICT III	_	Santa Fe, New M	Mexico 87504-2088						
1000 Rio Brazos Rd., Aziec, NM 8741	REQUEST	FOR ALLOWA			J				
<u>I.</u>	тот	RANSPORT O	IL AND NATURAL (	GAS	•				
					II API No.				
Address	ISPOSAL, INC.	<del></del>		<u>l</u>					
P. 0, Box 22	19, Hobbs, N	ew Mexico 88	240						
Research(s) for Filing (Check proper box New Well	;)		X Other (Please ex	plain)					
	Chang Oil	b in Transporter of:	Request an of skim of	uthority	y to sell	600 bar	rels		
Change is Operator	Casinghead Gas		well.	LI IIOu	a sait w	LCET G18	posal		
If change of operator give name and address of previous operator						··			
II. DESCRIPTION OF WEL							· · · ·		
Lease Name		o. Pool Name, Iaclus	diag Formation	Kine	d of Lease		nen Nie		
Cities Federal	1	Jalmat		of Lease Lasse No. , Federal anime LC=030132(b)					
Location					·····	<u>ف ت حجت اح</u> ب			
Unit LetterL	:2310	Feet From The	South Line and 33	101	Fect From The _	West	Lise		
Section 20 Towns	hip 22 South	Range 36 Ea	st , NMPM.	Lea	ł		Country		
III DESIGNATION OF T							County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OIL AND NATU	RAL GAS						
Jadco Purchasing C	orporation		Address (Give address to w 1214 W. Broadw	which approve VAV . Hob	nd copy of this for the . N M	mistobean 882760	()		
Name of Authorized Transporter of Casi	inghead Gas	or Dry Ges	Address (Give address to w	hich approve	d copy of this for	m is to be sen	()		
None If well produces oil or liquids,	Unit Sec.								
give location of tanks.	Unuit Sec.	Twp. Rge. 225 36E	e. Is gas actually connected? When ? Not applicable i						
If this production is commissied with the	t from any other lease of	× pool, give comming		<u> </u>					
IV. COMPLETION DATA									
Designate Type of Completion	n - (X)   Oil We	ell Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.				
Flumber (DE DED DE GE					F.B. 1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Portation	Top Oil/Gas Pay		Tubing Depth				
Perforations	<u></u>	<u>}</u>		Depth Casing Shoe					
				· · · · · · · · · · · · · · · · · · ·					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE								
			DEPTH SET		SACKS CEMENT				
			· · · · · · · · · · · · · · · · · · ·			·			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE							
OIL WELL (Test must be after i			be equal to or exceed top allo	wable for this	s depth or be for	full 24 hours.)	I		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas lift, e	ntc.)				
Length of Test	Tubing Pressure		Casing Dragan	Choke Size					
-	roomg resource		Casing Pressure		CIVILE SIZE				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gae- MCF				
· · · · · · · · · · · · · · · · · · ·	<u> </u>								
GAS WELL Actual Prod. Test - MCF/D									
TRANSFER TULL 1558 - MICH/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate				
Setting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COMI	'LIANCE		000			•		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above			OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.									
Jan n	6 . I		Date Approved						
Farris Delson			ByBy						
Farris Nelson Engineer				Geolo	gist				
Printed Name Title			Title						
Date	505/393-2937 Tele	phone No.					<u> </u>		
							الأوري ال		
INSTRUCTIONS: This form	n is to be filed in a	omnliance with D	ule 1104		·				

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.