Submit 5 Copies	
Appropriate District Office	
P.O. Box 1980, Hobbs, NM	88240

I.

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

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

State of New Mexico	
Energy, Minerals and Natural Resources	Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABI	
TO TRANSPORT OIL	AND MATLIDAL OAD

Operator Children of the third			NSPURI	OIL AND I		TURALO		II API No.		
SNOW OIL AND GAS	GAS INC.							30-025-2	27469	
D.O. BARRING	NDREWS, IX	. 7971	4							
Reason(s) for Filing (Check proper	box)				Oth	er (Please exp	Jain)			······
New Well Recompletion			Transporter of	<u>.</u>	Ī	[
Change in Operator	Oil		Dry Gas	X.						
If change of operator give name	Casinghe	ad Gas	Condensate					,		
and address of previous operator										
II. DESCRIPTION OF WI	ELL AND LE									
NORTH ROCK LAKE				cluding Formati				i of Lease		Lease No.
Location	·····		ROCK LA	KE NORTH	MC	DRROW	XXX	XXXXXX F		
Unit Letter G	:198	30	Feet From Th	North		and 1980	· ,	Feet From The	Fact	
Section 16 To	wnship 22 S	•	Range 35	_			I	eet Fiom The		Li
II DESIGNATION OF T					- 1 *	MPM, Lea		· · · · · · · · · · · · · · · · · · ·		County
III. DESIGNATION OF TI Name of Authorized Transporter of		or Condensa	AND NA	TURAL GA	S				·	
PRIDE PIPELINE CO				Address (C	Give	e address to w	hich approve	d copy of this	form is to be s	ent)
Name of Authorized Transporter of OPHILLIPS PETROLEY		PM Gas	COPPOR	Address (<u> B</u>	OX 2436	ABILE	VE, TX	79604 form is 10 be s	
	M 60.667	Ma EFEEC	BLVE Fol	BART	ĻΕ	SVILLE,	OKLA.	74004	form is to be s	ent)
If well produces oil or liquids, ive location of tanks.	Unit	Sec. 7	wp.	Rge. 18 garactu	98,	Zonnected?	When			
		10	22S 3	Address (C BART) Rge. 11 gasactur DE	y.	es			1-91	
this production is commingled with V. COMPLETION DATA	i that from any oth	ier lease or po	ol, give comn	ningling order nu	umb	er:				
Designate Type of Complete	tion - (X)	Oil Well	Gas Wei	I New Wel	u	Workover	Deepen	Plug Back	Same Res'v	Diff Res'
Date Spudded		ol. Ready to Pr	rod.	Total Depth	- h		l	P.B.T.D.	i	
levations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Ga				г. <i>Б</i> .1. <i>D</i> .		
					Tubing Depth			th		
erforations			······································					Depth Casin	a Chai	
									ig snoe	
	T	UBING, C.	ASING AN	ID CEMENT	ĪN	G RECORI	D	1		
HOLE SIZE	CAS	SING & TUBI	NG SIZE		1.1	DEPTH SET			ENT	
					Ц_					
					╢			ļ		
					┼┽╌					-
TEST DATA AND REQU	UEST FOR A	LLOWAB	LE		┼┼			.		
L WELL (Test must be af	ter recovery of 100	al volume of l	oad oil and m	ust be equal to o	n a	ceed top allow	wable for this	denth or he f	or full 24 hour	c)
te First New Oil Run To Tank	Date of Test			Producing M	leth	nod (Flow, pun	np, gas lift, e	(c.)	01 141 24 1100	s./
ngth of Test	Tubing Pres				ļį_					
	ruoing ries	SUIE		Casing Press	sure	:		Choke Size		
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.			.			Gas- MCF		· · · · · · · · · · · · · · · · · · ·
AS WELL								· · · · · · · · · · · · · · · · · · ·		
cutal Prod. Test - MCF/D	Length of Te	est	5 a.c.	Bbls. Conde	nșat	e/MMCF		Gravity of Co	ondensate	
ting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
		Casing Press	ure			Choke Size	* ·			
OPERATOR CERTIF	ICATE OF	OMPL I	ANCE				L.			· · · · · · · · · · · · · · · · · · ·
I hereby certify that the rules and re	gulations of the O	il Conservatio	_	i i i	b	L CONS	SERVA		DIVISIO	NI
Division have been complied with a	und that the inform	ation given at	ove							
is true and complete to the best of n	ny knowledge and	belief.		Data		pproved	Aľ	R1 *	1000	
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Signature D				D.,	ļ	ORIGIA	A K	nije ogg	X SEXTON	
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Printed Name $\mathcal{U} = \left - \mathcal{Q} \right $	lait	5 H	·	Title						
	(915)	$\frac{594-}{\text{Telephon}}$	2371	Title						

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.