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

State of New Mexico Engy, Minerals and Natural Resources Departmen

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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

_	T	OTRAN	ISPORT OIL	AND NA	I UNAL GA	Well A	PI No.				
Operator Reserve Operating (avo Operating Company								025-27894		
		low May	vica 222/11								
P. O. Box 2160, I	HODDS, N	iew Mex	100 00241	Oth	er (Please explai	n)					
Reason(s) for Filing (Check proper box)			ransporter of:	لسبا							
Recompletion	Oil Casinghead		Condensate								
change of operator give name											
od address of previous operator	AND FEAT	er									
L DESCRIPTION OF WELL.	AND LEA.	Well No. F	Pool Name, Includ	BliveD	Ry, Wes		f Lease Federal or Fee	Fee	ese No.		
ocation	. 198	301	Feet From The	bouth un	e and 66	<u>()</u> Fe	et From The	Nest	Line		
Unit Letter	20		Range 38		мрм,		Lew		County		
II. DESIGNATION OF TRAN	SPORTER	OF OI	L AND NATU	JRAL GAS	ne address to whi	ich approved	copy of this for	m is to be se	ni)		
Name of Authorized Transporter of Oil	_ NZ7 '	Of CORDERS	∟	P. O.	Box 2039	. Tulsa	, OK 7 <u>410</u>)2			
Sun Refining and Mark	ghead Gas		or Dry Gas	Address (Gir	ne address to whi	ich approved	copy of this for	m is to be se	ni) 		
Marcen Petroli	Outen C	Sec.	Twp. Rge	. le gas actuali	y connected?	When	7				
if well produces oil or liquids, ive location of tanks.	E 8 205 38E 4es						392				
this production is commingled with that	from any othe	r lease or p	ool, give commin	gling order num	ber: <u>(_)</u> /	.,					
V. COMPLETION DATA		Oil Well	Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X) Date Compl	. Ready to	Prod.	Total Depth	<u></u>	L	P.B.T.D.				
Date Spudded				To- 021/0	Man Oll/Goe Pay			Tukina Dansh			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Tob OINOW	Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
Perforations							Depth Casing	, JINE			
		DINIG	CASING ANI	D CEMENT	ING RECOR	D					
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET		S	SACKS CEMENT			
HOLE SIZE							 				
	 						<u> </u>				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	 	- arcaed top all	awable for the	s depth or be f	or full 24 hou	rs.)		
OIL WELL (Test must be after t	after recovery of total volume of total oil and must				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Date First New Oil Run To Tank	Date of Tes	R.				<u> </u>	Choke Size				
Length of Test	Tubing Pres	ente		Casing Pres	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbi	Water - Bbis.						
CACWELL							120	ondense's			
CAS WELL COURT Prod. Test - MCF/D Length of Test				Bbls. Conde	Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate			
Festing Method (pitot, back pr.)	eshed (nited back pr.) Tubing Pressure (Shut-in)							Choke Size			
				-			4=:0:::				
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIANCE		OIL CON	ISERV	ATION	אפועוט	אוע -		
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.				Det	Date ApprovedAPR M 4 1990						
is true and complete to the best of high	PRO-A SO-Es er										
Signature	<u> </u>			By.	-		IGNED BY		TON		
Signature J. T. Janica / Vice President Printed Name Title					TitleDISTRICT I SUPERVISOR						
March 29, 1990	505-39	97-3970 Tele	phone No.								
Date		, 540									

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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